DOCUMENT RESUME

ED 192 214	CG 014 670

TITLE	Drug Use and Abuse in the Memphis-Shelby County School System: Hearings Before the Select Committee on Narcotics Abuse and Control, House of Representatives, Ninety-Sixth Congress, Second Session (January 17-18, 1980).
INSTITUTION	Congress of the U.S., Washington, D.C. House.
REPORT NO	SCNAC-96-2-1
PUB DATE	80
NOTE	187p.
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	*Drug Abuse; *Drug Education; Elementary Secondary Education; Juvenile Courts; *Mental Health Programs; *Prevention; Program Effectiveness; School Community Programs; *School Responsibility; *Student Attitudes; Students; Student School Relationship
IDENTIFIERS	*Tennessee (Memphis)

ABSTRACT

This document contains transcripts of the hearings before the Select Committee on Narcotics Abuse and Control in January 1980. The testimony of individuals from Memphis, Tennessee is provided, including representatives of the press, school system, student populations, police department, and several mental health clinics. The statements focus on the issues of: (1) drug use and abuse in the Shelby County school system; (2) the development and implementation of a model alcohol/drug abuse preventive education program in the schools; (3) the role of juvenile courts in substance abuse programs; and (4) student attitudes toward drug usage among their peers. The appendices include detailed descriptions of the activities of the Memphis City Schools Mental Health Center Alcohol and Drug Abuse Program. (HLM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED192214

CG 014670

CG

DRUG USE AND ABUSE IN THE MEMPHIS-SHELBY COUNTY SCHOOL SYSTEM

HEARINGS

BEFORE THE

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL HOUSE OF REPRESENTATIVES

NINETY-SIXTH CONGRESS

SECOND SESSION

JANUARY 17–18, 1980

Printed for the use of the
Select Committee on Narcotics Abuse and Control

SCNAC-96-2-1

U S DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

U.S. GOVERNMENT PRINTING OFFICE
60-583 O WASHINGTON : 1980

SELECT COMMITTEE ON NARCOTICS ABUSE AND CONTROL

LESTER L. WOLFF, New York, *Chairman*

PETER W. RODINO, Jr., New Jersey
E (KIKA) de la GARZA, Texas
MORGAN F. MURPHY, Illinois
CHARLES B. RANGEL, New York
FORTNEY H. (PETE) STARK, California
GLENN ENGLISH, Oklahoma
BILLY L. EVANS, Georgia
LEO C. ZEFERETTI, New York
STEPHEN L. NEAL, North Carolina
JAMES H. SCHEUER, New York

TOM RAILSBACK, Illinois
ROBIN L. BEARD, Tennessee
BENJAMIN A. GILMAN, New York
TENNYSON GUYER, Ohio
LAWRENCE COUGHLIN, Pennsylvania
ROBERT K. DORNAN, California

Ex Officio

MARIO BIAGGI, New York
CARDISS COLLINS, Illinois
DANTE B. FASCELL, Florida
LINDY BOGGS, Louisiana
BARBARA A. MIKULSKI, Maryland
EARL HUTTO, Florida
ROBERT T. MATSUI, California
GEORGE DANIELSON, California
DANIEL K. AKAKA, Hawaii
MATTHEW J. RINALDO, New Jersey
ROBERT L. (BOB) LIVINGSTON, Louisiana
CHARLES F. DOUGHERTY, Pennsylvania
HENRY HYDE, Illinois
JOHN W. JENRETTE, Jr., South Carolina

COMMITTEE STAFF

PATRICK L. CARPENTIER, *Chief Counsel*
ROSCOE B. STAREK III, *Minority Counsel*

TASK FORCE ON DRUG ABUSE IN THE MEMPHIS, TENN. SCHOOLS

ROBIN L. BEARD, Tennessee, *Task Force Chairman*
BILLY L. EVANS, Georgia

TASK FORCE STAFF

JENNIFER SALISBURY, *Assistant Minority Staff Counsel*
JOHN W. PEPLOE, *Chief of Security/Investigator*

CONTENTS

THURSDAY, JANUARY 17, 1980

Page
Testimony of Kay Black, staff reporter, and Jim Reid, photographer, Memphis Press-Scimitar, Memphis, Tenn. 4
Testimony of Joseph Clayton, principal, Briarcrest School, Memphis, Tenn. 13
Testimony of Dr. Willie W. Herenton, superintendent of schools, city of Memphis, Tenn. 16
Testimony of Ward Harvey, superintendent of schools, Shelby County, Tenn. 18
Testimony of Jerry Murphy, headmaster, Country Day School, Memphis, Tenn. 20
Testimony of Laurie, Jeff, Steve, and Mike, students from Shelby County schools, Tenn. 31
Testimony of Michael, Diane, Joel, Robert, and Ginger, students from Memphis City schools, Tennessee 42
Testimony of Gayle E. Ruhl, special-agent-in-charge, Drug Enforcement Administration, Memphis, Tenn. 52
Testimony of Joseph L. Cox, commander of metro narcotic unit and Captain William P. Sharp, deputy, Memphis, Tenn. Police Department 53
Testimony of M. S. Leech and H. L. Buggs, Memphis Police Department; Arthur R. Heun and Charles F. Coop, Shelby County Sheriff's Department 64
Testimony of Dr. James Paavola, Director, Memphis City Schools Mental Health Center, accompanied by Kay Crowson, alcohol-drug coordinator; David Knott, medical director, alcohol and drug program, Memphis Mental Health Institute 72
Opening statement of Hon. Billy Lee Evans 88
Opening statement of Hon. Robin L. Beard 89
Prepared statement of Joseph A. Clayton 90
Prepared statement of Dr. Willie W. Herenton 91
Prepared statement of Ward Harvey 93
Prepared statement of Jerry W. Murphy 94
Prepared statement of Gayle E. Ruhl 94
Prepared statement of Joseph L. Cox 96
Submission for the record—Memphis City Schools Alcohol and Drug Abuse: The Problem and Possible Solutions 97

FRIDAY, JANUARY 18, 1980

Testimony of Kenneth Turner, juvenile court judge, Shelby County, Tenn. 109
Testimony of Marcus, Maria, Debbie, and Christi, students from Memphis City schools, Tenn. 123
Testimony of Lisa, James, Franco, and Ken, students from Shelby County schools, Tennessee 135
Testimony of Charles Yates, president, Shelby County Educator's Association; Becky Howard, Barbara Scott, and Robin Walters, Memphis Educator's Association 152
Testimony of Martin S. Kelman, director, Emergency School Aid Act project, National Conference of Christians and Jews in Memphis, Tenn. 168
Testimony of Charles Kenny, psychologist, Criterion Development Institute, Memphis, Tenn. 169
Testimony of Bill Tuberville, director, Frayser-Millington Mental Health Center, Memphis, Tenn. 174
Prepared statement of Judge Kenneth A. Turner 183

DRUG USE AND ABUSE IN THE MEMPHIS-SHELBY COUNTY SCHOOL SYSTEM

THURSDAY, JANUARY 17, 1980

House of Representatives,
Select Committee on Narcotics Abuse and Control,
Memphis, Tenn.

The Select Committee met, pursuant to notice, at 9:07 a.m., in the Germantown City Hall, Germantown, Tenn., Hon. Robin L. Beard (acting chairman of the Select Committee) presiding.

Present: Representatives Robin L. Beard and Billy L. Evans.

Staff present: Patrick L. Carpentier, chief counsel; John W. Peploe, chief of security/investigator; and Jennifer Salisbury, assistant minority staff counsel.

Mr. Beard. If we could, we will bring the committee to order. And first, let me welcome everyone here and those individuals who will be participating in the hearings. We are very interested and very concerned that the problem will be discussed.

Let me just ask quickly of those members of the media: We will have panels of students representing different schools. These students have agreed to come and in some cases talk on a very personal basis, and give their attitudes and give some of their personal experiences of their friends or whatever. The school representatives have asked, and the students also, that the students' last names will not be used, and also if any pictures are being taken, that possibly pictures showing them testifying from the rear, the backs of their heads. I think you all can understand why. So I would certainly appreciate that sensitivity there.

Let me first of all read quickly an opening statement. And I am very pleased to have joining me a fellow member of the Select Committee on Narcotics Abuse and Control, Congressman Billy Evans from the Eighth District of the State of Georgia.

Congressman Evans has been extremely interested and very involved in the overall drug programs, and lack of drug programs, and is concerned about the growth of the use of drugs among our young people. So I would like to take this opportunity to welcome you to Shelby County and express my appreciation for your participating in these hearings.

I believe you may have an opening statement if you would like to make it.

[Mr. Evans' opening statement appears on p. 88.]

Mr. Evans. Thank you, Mr. Chairman.

Mr. Chairman, first, I would like to congratulate you on having these hearings. These are only the second hearings of this type in the country that this committee has had, the first being in New York. And there, the emphasis was on the problem. And here, not only is it on the problem, but on the solutions that the school system and the people of this area are working out to help with the drug problem.

As is often the case, the Nation has to learn from the people in the South. And I think that, and hope that, in this instance, that is what they are going to do.

I commend you again on the efforts you have made to bring about these hearings. And in looking over the witnesses, I know that they will be helpful to us. Thank you.

Mr. **Beard**. Thank you very much, Congressman Evans.

I want to somewhat summarize the statement I would like to make, and place the statement in the record, if I may, to kind of give the basis of why we are very concerned.

[Congressman Beard's opening statement appears on p. 89.]

Mr. **Beard**. As Congressman Evans did mention, the only other hearing of this type has been held in the city of New York which is a very unique school system. And it is not an atypical type school system to judge enforcement policies or drug policies or problems for all the rest of the American cities. Memphis is a little bit more in tune or in line with the average American city.

Let me just real quickly tell the audience and the people here exactly why we are concerned. We are extremely concerned about the increasing number of our young people who are using marihuana and other drugs on a regular basis. Thanks in large measure to the pervasive ignorance on the subject of marihuana and health, the young people of our country today are caught up in the most massive adolescent epidemic of marihuana and hashish use in history.

According to an official government report, in 1977, more than 4 million young people, aged 12 to 17, were current users of marihuana. Dr. Lloyd Johnson of the University of Michigan reports that in 1978, 11 percent of high school seniors were using marihuana daily, almost double the percentage of daily users in 1975.

Across the country, the epidemic has spread down from high schools—and this is the part that really upsets me and concerns me—to the junior high and grade schools so that today, there are thousands of sixth, seventh, and eighth graders smoking marihuana on a daily basis—sometimes 5 or 10 joints a day. And these are sixth, seventh, and eighth graders.

Since the early 1970's, scientific evidence has been accumulating that regular marihuana use poses serious dangers, medically and psychologically, to the user. A number of researchers have reported evidence that marihuana smoke damages the pulmonary system more rapidly and even more gravely than tobacco smoke. There have also been repeated reports of damage to the reproductive system.

As a matter of fact, I found it somewhat timely that yesterday, all the major networks came out with a new medical study, the results of a study, showing that it did have devastating medical effects on the users. So this confirms what these reports have been showing, also regarding the repeated reports of damage to the reproductive system, including a reduced ability to produce sperm, the production of sperm of abnormal chemistry and shape, a reduced rate of ovulation and abnormal egg cells, and a 47-percent death rate, prenatal and natal for the offspring of marihuana-exposed monkeys.

There have been numerous tests run. There is also ample evidence of temporary and perhaps irreversible brain damage in humans from heavy marihuana use. And then, there is the devastation of the marihuana epidemic that has been wrought in our classrooms. Absenteeism has soared; discipline has become impossible to impose; students sit in their classrooms unable to focus or to remember what they have been taught. In their preteen years, they are already copouts from society.

Unfortunately, our young people know nothing of all this evidence. Because there has been no effort to present the facts, medical facts, to them, most of them are inclined to believe that marihuana is harmless. And a lot of them believe that marihuana is downright healthful—that it sharpens the eyes, helps to prevent lung cancer, increases their awareness, and all other kinds of myths.

The failure of Federal drug-related agencies to develop any meaningful educational material on marihuana has been profoundly disappointing. Excuses given in the past were that we had no scientific evidence on marihuana that would be credible with young people and that any attempt to scare young people by telling them that marihuana would harm their health would only be counterproductive because it would excite their curiosity. I do not buy this argument.

There was a 1-hour documentary called "Reading, Writing, and Reefer" that had a profound impact on teenage smokers and nonsmokers of marihuana and their parents. It was informative on the side effects of the use of marihuana.

So those are the bases of our concerns. And I want to emphasize that the purpose of this hearing is not to uncover any drug rings in Memphis or question why there hasn't been more effective enforcement of marihuana and drug laws or the school system's capabilities or lack of capabilities. Rather, we are here to learn just how widespread drug use is in the young people of Memphis and Shelby County, the prevailing attitudes of young people here toward the use of marihuana and other drugs, and what effect, if any, drug education programs are having on those attitudes.

So that, in a shortened form, is kind of the basis and the thrust of the hearings. We want to know. We are concerned that the Federal Government—and not just this administration, but prior administrations—has done little, if anything, in this area of drug education. And with the establishment of the new Department of Education, we want to make a strong effort to give drug education the highest priority.

So let me start off by calling our first witnesses who are from the Memphis Press-Scimitar—the staff reporter who did do a series that we noticed, a series on drug use, and the photographer. And so as our first witnesses, I would like to call on Kay Black, a staff reporter from the Memphis Press-Scimitar, and Jim Reid, a photographer.

Let me say real quickly that normally, in our hearings in Washington, we swear our witnesses in. I feel that in this scenario, this setting, that would be unnecessary. So we will just rescind the swearing-in process for these particular hearings. Thank you so much for coming. If you have an opening statement or opening remarks that you would like to present, please go right ahead.

TESTIMONY OF KAY BLACK, STAFF REPORTER, AND JIM REID, PHOTOGRAPHER, MEMPHIS PRESS-SCIMITAR, MEMPHIS, TENN.

Mrs. **Black.** Jim Reid and I were assigned by our editor because of the——

Mr. **Beard.** Would you identify yourself?

Mrs. **Black.** I am so sorry; I am Kay Black with the Press-Scimitar. Our editor, because of the increased national concentration on young people using marihuana, called us into the office one Wednesday afternoon and said, "If you all have time, I would like you to go out just randomly and visit some schools and see if you see young people using marihuana." So knowing that the schools start very early, we, I think, left around 6:30 and hit the first school which we thought was a county school—we later found out it was a city school, Raleigh-Egypt.

We were there about 7 o'clock in the morning on a side street which you can see from the schoolhouse door and interviewed a large number of children—maybe 60, 50, something like that—who were out, gathered on the street smoking marihuana, selling it, having a good time.

We set up a premise with all the schools. We visited four schools, and we told the children we did not want to know their names because we didn't want to be subpenaed by a grand jury to be able to identify them. Therefore, there was no fear in their talking to us at all, and over the course of the day, we visited—we started out at Raleigh-Egypt. We went there, to Trezevant, to White Station, and to Central. And we interviewed about 100 students all of whom estimated that they thought marihuana use in the schools was 50 to 75 percent of the students were using it.

I think the shocking thing to us was that they used it so freely in front of us. They were using it right near the schools, on the grounds, things like that. They were smoking it and talked about their 9-year-old brothers who used it or they themselves started at 9 or 10.

We realized it was quite a fad. It was the "in" thing. And they didn't worry about anything being done about it because they said no one bothered about it, they wouldn't be arrested or anything like that. In fact, at Raleigh-Egypt during the time we were out there in the morning, a law enforcement car, sheriff's deputy car, they were looking to serve a warrant on someone. We said, "You all out here to arrest the kids smoking marihuana?"

They said, "No; they would have to arrest the whole city." They said, "If you want to see more kids smoking marihuana, just go on the back part of Trezevant School," which was down the way. That's how we picked Trezevant at their recommendation.

We then ran, starting Monday, April 30, 1979, a four-part series on the extent of marihuana usage we found in the schools and then about 10 followup articles subsequent to that. Jim might have something he would like to add.

Mr. **Beard.** Mr. Reid?

Mr. **Reid.** Yes, Mr. Chairman. First, I am James R. Reid, staff photographer for the Memphis Press-Scimitar. And I would like, on behalf of my newspaper, the Press-Scimitar, to commend very highly the work and endeavor of this Select Committee because our paper has been concerned, as all newspapers are, I am sure, of this drug abuse by our youngsters in our school systems throughout this country. And we, the paper, the editors, and myself, wish you the very best luck in being able to control and eliminate this drug use by our youngsters.

Our work, as Mrs. Black has stated to you, was predicated by a concern by our editor, Mr. Milton Britten, and the managing editor, Mr. Van Pritchart of the Press-Scimitar, who had become concerned through articles and other media of TV, radio, of this drug abuse of our schoolchildren. And they in turn asked Mrs. Black and myself to go out on the streets, to the schools, on a local level and try to see how serious it was in our own city school system, which we did.

And as we went to the first school, we anticipated possible some reluctance on the part of the youngsters. We thought they would be trying to hide the use of marihuana, and it was quite to the contrary, the situation we encountered. I took the long lenses on my camera, thinking I would have to shoot from quite some distance. This was not the case. We got out of our car at the first school and approached the young people. My cameras were quite visible. Mrs. Black's notepad was quite visible. We approached them, identified ourselves, and the children, the youngsters in the schools, were delighted we were there. They wanted publicity for what they were doing.

Immediately, at the first school, they began chanting, "We are No. 1. We are No. 1." And we asked what they were No. 1 in. And they said, "In marihuana smoking." They were quite proud of this fact that they were No. 1, they felt.

And so we took pictures; I took the pictures, Mrs. Black talked to the children. And they wanted to pose. They were eager to pose. I was amazed at this.

As a matter of fact, they wanted to be so close to the camera that I had to—on the young ladies, the girls, if they had long hair, I tried to pull the hair down over their eyes so that their family and friends and readers wouldn't recognize them, but they showed us—in fact, they offered me marihuana. And I said, "I'm too old for that sort of stuff." And they said, "Oh"—a phrase that I don't like used in referring to one's parents, they said—"my old man is older than you are, and he smokes it." And I was amazed at that also.

We continued to go from school to school and encountered marihuana on the campus. The young men, once they felt they could trust us, we weren't going to identify them by name, they would open wallets. And I found out that there are certain wallets that have little compartments inside of them to put what they call a joint of marihuana down in. And they had bags of marihuana on campus.

And we went to other schools, and the students talked about the marihuana in school. We went to one school where we talked to the principal, a lady, and she said, "Possibly, we have 1, maybe 2 percent of our students involved with that." And there were two young men standing there. She said, "Here are two good students on our campus; let's ask them."

And he said, "You want the real figures?"

And she said, "Of course."

And he said, "50 percent."

So the principal who thought she was on top of it and said she had been on top of it was amazed that in her own school, 50 percent, according to the students, were actively using marihuana.

Mr. **Beard**. Did at any time you ask their perception of the use; if in using marihuana there were any harmful effects? Were they concerned? What was their reaction?

Mrs. **Black**. We constantly asked them if they knew anything about the studies on harm that it would cause. And they said, "People are now using it to treat cancer, and it is no more harmful than alcohol, and our parents drink alcohol."

In fact, we found quite a few of them also were into alcohol. That seems to be the thing. They estimated that they spent $3 to $6 a day on marihuana, buying joints. And they estimated the cost was 45 cents to a $1, depending on the students.

Mr. **Beard**. We have found in our studies that one of the critical, real critical, problems about the use of marihuana is that the people are combining the use of both, participating in both at the same time. The combination of alcohol and pot causes pretty serious problems.

Did they acknowledge as to where they purchased this from? It was easily bought; did they acknowledge they were purchasers themselves?

Mr. **Reid**. Mr. Chairman, yes, they indicated it was not difficult at all to obtain this; quite easy. Some of the students themselves admitted being purchasers, having sold it. And one young man bragged quite a bit about the great amount of money that he in fact had made by selling it to his fellow students.

Mr. **Beard**. Did he have any understanding of what the penalties could be or did he feel there would be no repercussions if he were caught selling it?

Mr. **Reid**. He indicated no fear of that to us.

Mrs. **Black**. None of them seemed concerned. They said law enforcement people didn't worry about marihuana any more.

Mr. **Beard**. Did you ever get the feeling, though, some of these young people might have been exaggerating, kind of bragging, showing off, because it was the "in" thing?

Mrs. **Black**. Might have been.

Mr. **Reid**. On a 1-to-1 basis; perhaps that may have been true more in a group, but we were not only in groups, but we were one on one, and there was no one around for them to impress.

Mrs. **Black**. And they were actually smoking it.

Mr. **Reid**. And we didn't use their names so there was no prestige with the story connected with their particular story.

Mr. **Beard**. Congressman Evans?

Mr. **Evans**. Thank you, Mr. Chairman.

Mrs. Black, do you have any figures as to what percentage of the students were actually using marihuana according to what they told you? Did you extract any figures to attain a percentage that you yourself thought was the percentage of use?

Mrs. **Black**. The students themselves estimated from 50 to 75 percent, they felt. And each of the schools we visited used marihuana socially. Now, they said that maybe 1 percent of those were what you would call hard narcotics users, used marihuana, they considered potheads and people who were really out of it. They said they didn't smoke more than two or three joints a day which they considered minimum. Most of the students said that.

Mr. Evans. What was the attitude of the teachers as to the knowledge that the students were actually using marihuana on the school grounds?

Mrs. Black. The teachers weren't anywhere around. They weren't out patrolling the grounds or watching anything.

Mr. Evans. Did you ever have occasion to discuss this with any of the teachers?

Mrs. Black. I talked to some teachers in private who teach in the schools who didn't want their names known who said that they had complained at their schools. In fact, one of the teachers was in the Germantown area and said they had complained to their principal about seeing—there was this one school near a shopping center. And the teacher said she and the other teachers were aware there were pushers who would go through this fence and sell marihuana over the fence during the recess period to the junior high and high school students.

And the principal told them to leave it alone. The principal didn't seem to want to get into the whole problem. Most of the kids said, "If there is any action taken, there is a 2- or 3-day suspension. And it is a nice holiday." They like the holiday.

Mr. Evans. Do you think from the research that you did that the general attitude of the students and apparently their parents was that marihuana is something that should be decriminalized or legalized, and it is not harmful? Could you guess?

Mrs. Black. I am not sure about the parents. I talked with some of the parents who would call up and were very upset. But the children certainly thought it should be decriminalized.

Mr. Evans. Did any of the schools have any program that you became aware of that would advise the children as to the harmful effects of marihuana?

Mrs. Black. They had counseling programs. And the school system itself had an overall program that seemed to be concerned with drug and alcohol abuse. How regalarly the programs went into the schools, you know, on what basis—they all seemed to have some sort of active counseling service and mentioned that they would bring these to the students.

Now, how much they brought it to the students, I don't know. You know, I mean how intensively it was brought to the students.

Mr. Evans. Would you think that the Federal program of education on the harmful effects of drug usage, including marihuana, is inadequate?

Mrs. Black. I am not familiar with the Federal program.

Mr. Evans. Well, judging from the fact that the kids didn't think it was harmful, wouldn't you think it was not?

Mrs. Black. I would think so. It evidently hasn't impressed them.

Mr. Evans. Did anybody question the students as to the source of the marihuana? Was it domestically grown or was it from Colombia or was it from Mexico or where was it from?

Mr. **REID.** Yes, we did. That was an important part of the story. Could these young people obtain it so readily here or was it imported? One man that I discussed previously a bit ago who had made so much money out of his sales could tell you the fine grade, which country it came from. And they said, "near the school." They wouldn't tell us where, but right near the campus of the high school.

They discussed the Mexican pot and the Colombian pot. And they knew the different grades and which was the best and what cost the most. And they were quite enlightened as to the grade and price of each one of these countries.

Mr. **EVANS.** These are students, student pushers?

Mr. **REID.** Yes.

Mr. **EVANS.** What ages were the general ages of some of the so-called pushers?

Mr. **REID.** This particular young man, he was apparently a senior, junior or senior. He was probably 17 or 18. And this young man, however, I will give him credit, he said that he would not sell it to a grade school person, a child of grade school age.

Mr. **BEARD.** He was ethical.

Mr. **REID.** He would sell it to anyone else, but he drew the line and would not sell it to a grade school child.

Mr. **EVANS.** How did he explain this differentiation, and if he in fact considered marihuana to be harmless? Did he mention that? Why not sell it to any kid if it is not harmful?

Mrs. **BLACK.** I may be able to answer that. We discussed it with him.

Mr. **EVANS.** Did you get any kind of feel as to why he would not sell it?

Mrs. **BLACK.** No. He just didn't think they needed to be on it that young, he said.

Mr. **EVANS.** Did you get the impression they might know a little bit more than they were admitting as to the harmful effects and that they in fact were existing in a sort of permissive atmosphere and maybe it hadn't been brought home to the students in this country enough?

Mrs. **BLACK.** Might be in the same way that people know about cigarettes, that type of knowledge. They might have thought, well, I might get cancer, I may get this, but I am going ahead with it. One 15-year-old, by the way, mentioned the dealer that he bought his drugs from. And he said he was an older man. He was 15. So what age the man was, I do not know. But he said when he would go in to buy the drugs, marihuana or whatever, from him, there were all kinds of guns lying on the table. And this guy was selling them.

Some of them mentioned they would go to a tobacco store out in the areas and get it under the counter. But all the people they deal with were evidently not safe for them to deal with at that age.

Mr. **BEARD.** Did they ever show you any paraphernalia?

Mrs. **BLACK.** They all had paraphernalia—clips.

Mr. **BEARD.** Have you done any article, given any attention to all of the paraphernalia shops?

Mrs. **BLACK.** We did a separate followup article on the paraphernalia and how easy it was to obtain.

Mr. **BEARD.** Yesterday, we just said, "Go out and buy some paraphernalia."

And even more so than the paraphernalia, have you looked at any of the bookstores, so-called legitimate bookstores? Are you familiar with High Times?

Mrs. **Black.** I have seen those. The kids, some of them have copies with them.

Mr. **Beard.** That will tell you the different ways to get more kick out of the pot.

Mr. **Reid.** Some of the students recommended some publications to us.

Mr. **Beard.** It is strictly 100 percent a drug-oriented, encouraging type of magazine.

Mrs. **Black.** We saw their copies. They had copies of it.

Mr. **Beard.** Are you aware of any activities in local government to take action, trying to do something along these lines? I know in many areas of the country, they are developing paraphernalia laws. I don't know if they are going to be legitimate laws or not. But you don't have any activity by a local government, any outcry?

Mrs. **Black.** No; we are not aware of it.

Mr. **Evans.** Mr. Chairman, I would like to ask what has been the response of the community. You know, I would assume from the kind of exposé that you have published in your newspaper that you would have gotten some kind of reaction. Could you describe the reaction that you have gotten?

Mrs. **Black.** I think the school system, some of the officials thought that it was exaggerated.

Mr. **Evans.** Suppose it is not, but 25 percent of the students smoking marihuana, what difference does it make if we are talking about 25, 50, or 75 percent?

Mrs. **Black.** I don't know.

Mr. **Evans.** We are talking about substantial numbers of our young people using something which has the potential of being very devastating to them and having a permanent effect on brain damage and other health problems. Did you have any indignation or outrage from the standpoint of trying to do anything about the problem?

Mr. **Reid.** May I respond to that please?

Mr. **Evans.** Yes, sir.

Mr. **Reid.** Regretably, the most outcry that we had was from parents of the students of the schools in which we had reported finding so much marihuana. They felt it a slap against the school that was filled with good students. And there are a lot of good students in our system. We all know that. We are talking here about the ones that are on this drug.

But the parents involved in these particular schools called us and were highly indignant. They said, "You have done a discredit to that particular school and to the faculty and to the good students in that school." They seemed more concerned about the bad image that they said we had created than they were involved and concerned about the fact that so many students in that school were on marihuana.

Mr. **Beard.** What kind of reaction did you get from the local elected officials? Did any of them ever comment, sit down with you and discuss your articles, any members of the school board?

Mrs. **Black.** One member of the school board called me and wanted to know why the survey wasn't done more scientifically. They were concerned that the schools selected seemed to be more predominantly white or half and half rather than black schools.

We had just sort of dropped by schools and sort of informally talked among ourselves that we would try to go to the schools that were more 50–50 than predominantly black so that people wouldn't say, "Oh, well, drugs are always a black problem." We were trying to get away from that racial connotation and trying to—you know, our survey was not scientific.

The significant thing about it, though, was that we just wandered onto the school grounds, in school buildings, near the school where the students were coming and going, and found them smoking marihuana.

Mr. **Beard.** How did the teachers react? Is that not a violation of the law? Did you run into any problems there as to entering school buildings?

Mrs. **Black.** We were only stopped once. And that was by Florence Leffler at Central High School. And I had anticipated them. I told Jim, "I bet we won't be on campus 5 minutes before Florence knows about it and comes flying out." She has a reputation of being pretty tough. And I think it took about 6 minutes, and she came charging up, saying, "What are you doing?"

Mr. **Beard.** She is the principal?

Mrs. **Black.** She is the principal. No one else challenged us.

Mr. **Reid.** Once, we were questioned or challenged on why we were at a particular location. We quickly identified ourselves and told the people what our purpose in being there was.

Mr. **Beard.** Do you know of, have you found any, followups on these articles, or do you know if the media in this town is planning—in your particular case, has your management indicated any interest in pursuing this? Do they feel quite emotional about a criminal problem? Or do they feel the series has gotten its glory?

Mr. **Black.** No, they are concerned about the problem. There is just so much that you do with news. You constantly watch. And if something new crops up, then you are concerned with that as these hearings are. And when the school board decides on a new policy on drug enforcement, we naturally cover this.

Their concern is ongoing, particularly from the standpoint of children kind of copped out in the school.

Mr. **Beard.** Congressman Evans?

Mr. **Evans.** Mr. Reid, in talking to the parents who were more concerned with image than they were potential exposure of their own children to marihuana usage, did you get the impression that these parents had any idea of the potential harmful effects of marihuana use?

Mr. **Reid.** Yes. The parents indicated that they themselves realize, but most of the parents said that they were not aware that their youngster used marihuana. The majority of parents, it seems to me, don't realize that their children are on some type of drugs, the ones that are using drugs. Parents don't seem to realize it.

I'm sure there are some just as this one youngster. More than one youngster indicated to me and Mrs. Black, "Our parents use it." So there are parents of these youngsters that I suppose it is a family affair.

Mr. Evans. Here again, this is where I think the national program has failed. Did you find that, or did you ask any questions about the harmful effects of tobacco, for instance, and what they thought about tobacco products in view of the widespread publicity we have had on a national scale cautioning people not to smoke cigarettes and warning them of the harmful effects of cigarettes?

Mr. Reid. If you will, I will let Mrs. Black answer that question because she talked to a greater number of persons in this than I did on the phone.

Mrs. Black. They threw that up that marihuana was no more harmful than alcohol or cigarettes; they were all harmful. And it was all one and the same, but no more harmful. One would cause cancer.

Mr. Evans. What was the age of the students? I know you said some seniors and juniors, but what would you say was the youngest age of people that you saw using marihuana?

Mrs. Black. Fourteen.

Mr. Reid. Fourteen would be my estimate.

Mr. Evans. You didn't see any under the age of 14?

Mrs. Black. The schools we went to didn't appear to have grade schools functioning with them. They did mention that their 9-year-old brother smoked it or, you know, the students would tell us or they started—one of them said he started smoking at 7.

Mr. Evans. Let me ask you one other thing, then I will cease. In discussing the source of the marihuana, was there an awareness of the use of paraquat in Mexico, for instance, to destroy marihuana? And was there a concern on the part of those students if any of them were aware of paraquat as to the potential harmful effects of the paraquat?

Mrs. Black. No.

Mr. Reid. I didn't hear this discussed at all.

Mrs. Black. They were mostly interested in the Colombian gold, they called it, which they thought was the best.

Mr. Evans. And there seems to be a ready supply of the so-called Colombian gold?

Mrs. Black. Seemed to be.

Mr. Reid. Yes. This, of course, goes back to April 1979.

Mr. Evans. Thank you, Mr. Chairman.

Mr. Beard. Thank you, Congressman.

Let me take this opportunity before some of the staff who may have questions to introduce to you Jennifer Salisbury who is a staff counsel of Washington, D.C., on the Select Committee on Narcotics Abuse and Control; Mr. Patrick Carpentier who is the chief counsel of the committee to my right. We have Mrs. Pope who is the congressional liaison of the White House Office of Drug Policy from Washington. And in the back, we have the congressional liaison for the Drug Enforcement Agency from Washington, Mr. Dave Melocik. Both Mrs. Pope and Mr. Melocik, we are very pleased that they would come down, representing the administration, to listen to these hearings. I think this indicates the true interest in what they consider a problem.

Does the staff have any questions at this time?

Mr. Carpentier. I want to just pose one question, Mr. Chairman, to both of the witnesses. Did you in your conversations with the students get any insight as to perhaps how they were introduced to the use of marihuana? And was it peer pressure, was it an escape? Did you get any feel for that?

Mrs. **Black.** Mostly, they said they were introduced to it by an older brother or sister or the peer group. It was the "in" thing. It became clear to us it was the newest fad going, and you were not in, you know, if you didn't have a joint. You were not really that in.

Even the children who would identify themselves later as so-called campus leaders, you know, and who said they didn't smoke it recognized that it was hard for them, I guess, not to do it, that it was a fad, it was very popular among their contemporaries. So it is peer pressure.

Mr. **Carpentier.** Did it appear to be a responsible group of students? That may not be a fair question.

Mrs. **Black.** Well, as a reporter, I think you learn if you are going to get a sample, you may not. You don't go around and do a Gallop poll kind of thing where you get so many people in this age group and that age group. But if you stand on a street corner and talk to just anybody who walks by, you will see all types of people, and if about all of them say the same thing, you have a pretty good indication on that street corner in that city that is how people feel that day.

And, you know, we didn't select five student council members, however, I think some of them were, we found out. But it is A students, C students, D students. We just grabbed students as they were going and coming into the building and on the nearby street.

Mr. **Reid.** One street—I don't know whether or not Mrs. Black discussed the one street near one school we first visited—there were probably 60 to 75 youngsters, at least, maybe more, and most of those youngsters were quite happy that morning. They called their school high, but they didn't necessarily mean, they said, to high school. And they were getting ready for school.

And we discussed this situation with them quite at length. And then shortly thereafter, we went to the school itself. And the principal of that school had come outside. And I suppose someone had told him we were down there interviewing his students. And he asked our purpose and so forth.

And we told him. And he told us his percentage—"Oh," he said, "I'm sure we have a small problem, a very small percentage." I think he estimated his 3 or 4 or 5 percent at the most. This is where we had just left a whole street of youngsters involved in marihuana smoking.

And we said, "How about the street full of youngsters down here?" He said, "Down where?" And we pointed down the hill a half a block. And I said, "We have just left this group." And he immediately then went down the hill. And, of course, they had a lookout. And when they saw the principal coming in their direction, they immediately dispersed, and many of them ran into the woods which they said they often used for concealment, which is near the school. They didn't want the principal, naturally, to find them smoking marihuana. But he seemed unaware of this problem which was half a block from his school.

Mr. **Carpentier.** I see. Thank you.

Mr. **Evans.** If I might say, in fairness to the principal, in hearings that we held in Europe among our troops there on the subject of drug use in the military, the generals, including Alexander Haig and General Blanchard, had the same problem that the principal did. Their estimates of the drug usage was 10 times lower than what the actual usage proved to be.

So I don't think that we can condemn the principal for not being aware. It is mind-boggling to realize how widespread the usage is. And I would like personally to thank you and your newspaper for the interest that you have shown in this problem. I think too many media and press people feel that it is the "in" thing to be liberal on the question of drug usage. And I think we need more people with the concern that you have. Thank you.

Mr. BEARD. Thank you very much.

Mrs. BLACK. Thank you.

Mr. REID. Thank you.

Mr. BEARD. Thank you for your time.

We are very pleased to have panel No. 2, school administrators, Dr. Herenton, superintendent of schools of the city of Memphis; Dr. Ward Harvey, superintendent of schools for Shelby County; Mr. Joseph Clayton, principal of Briarcrest School; and Mr. Jerry Murphy, headmaster of Country Day School. If you gentlemen would please come forward.

Gentlemen, let me first of all thank you very much for participating in these drug hearings. As we had said earlier—some of you were not here—it is our normal practice in Washington in holding hearings of this type to swear the witnesses, but we feel that this is not necessary in this particular scenario.

We are very involved. This is our second hearing of this type. The first one was held in New York. This is only the second hearing of this type. We are very involved in trying to build a case or some groundwork as to where the problem is, what some of the solutions are to it. So we definitely would like to talk to you as school administrators.

Would you like to start off? Do each of you have a statement, or would you like to make a few opening remarks? If your statement is very long, if you would like to insert it for the record in total and then summarize, it would be strictly up to your discretion.

I will start with the right, which I have been accused of doing quite often. Notice I also talk to the left.

TESTIMONY OF JOSEPH CLAYTON, PRINCIPAL, BRIARCREST SCHOOL, MEMPHIS, TENN.

Mr. CLAYTON. Since you started on your right, our left, you kind of balance it out.

I would just like to kind of give a little background of where I am, where I am coming from. I think that would be a summary, and I have this statement.

[Mr. Clayton's prepared statement appears on p. 90.]

Mr. CLAYTON. I have been in this business about 26 years, in education. And I have somewhat of a unique background in that I have served under the Shelby County schools, in the Shelby County school system, and also in the Memphis City school system, and now as Principal of Briarcrest School, which is an independent school in the Memphis area.

And my background has been basically in the area of teaching, coaching, assistant principal, guidance counselor, and then as administrator of the Shelby County schools back in the early sixties to the early seventies, and then principal of Overton High School, the Memphis City schools, in the early seventies, from about 1971 to 1974.

And I have followed this thing for the last 25 years, of kind of seeing when it got on the scene, because there was a time when drugs were unheard of as far as the schools. That was not a problem. Occasionally, you would have somebody smoking a cigarette, but not a marihuana cigarette. So it did hit the scene in schools that I have been in somewhere around the early part of the seventies or late sixties. And it started to work out.

I remember the first case I had of drugs was a kid that just admitted to me that he had been taking some drugs at home in his room, in his own private room. And I remember very distinctly, I called Judge Turner and was very upset about the fact that I had a student that was experimenting with drugs. And it was not even in the school then. And he thought I was being a little bit overreactive at the time because that was my first experince with a student that I could just really say this person is experimenting with drugs.

And that was in the late sixties. So this thing has, I think, developed and moved into an area now where we are certainly, as has been reported, giving us a problem.

In my statements that I have made, Briarcrest High School has an enrollment in grades 9 through 12—I had in the record 1,370. That is not a true statement. That is, the enrollment is 1,393. That was an estimated enrollment from last year that was pulled by mistake and put in there. But our enrollment right now is 1,393 students in grades 9 through 12.

Briarcrest is an independent school. And our purpose and goal is to offer an academically excellent Christian education. And as I have stated in here, I don't believe that we have a drug abuse problem at Briarcrest, but I believe that any administrator that would make a statement there are not any drugs in his school, is not aware of what is going on, because I think anywhere that you have young people, teenagers, or lower than that now, that you have got the possibility and very strong possibility of having drugs in that area.

As far as the history of the drug problem at Briarcrest, we have been in existence 5½ years. We are now into our sixth year. We have had approximately 10 students that have been dismissed from Briarcrest and turned over to metro narcotics because of possession of drugs in the school. Five of those 10 occurred during the first week of the existence of Briarcrest which was in 1974 when 1 girl was selling pills to 4 other girls. And they were caught, and we did follow our policy of dismissing the students from the Briarcrest school and of calling metro narcotics and having them picked up there in my office and carried in for whatever disciplinary action would be taken by the law enforcement officers.

We are in a little different situation in independent schools, private schools, I think, because we can operate under little different rules and regulations as far as removing the problem in your particular school. Because we can terminate a student. And I guess then it places the responsibility on someone else to educate them, pick them up, whatever.

But we do use that method. We would not let a student remain in Briarcrest if they had been involved in drugs on the campus or school or activities of the school.

Some of the things that we use, we think are effective. Of course, being a Christian school, we do have, I think, a group of students there that are there for a purpose. I think you would find probably less usage among that type caliber student searching for that type education than maybe you would in some other areas. But we have some policies that I think are very definitely responsible for the fact that we have not had any more usage of it on the school campus than what we have had. That is that we do remove, and we do report to metro narcotics.

My statement to the students when I get it in my possession from having taken it from them is that it is illegal, and I have no choice. I can't possess it so I have got to call metro narcotics because what am I going to do with it? I have got it in my hands now since you had it in your hands. And I let them know in that sense, it is against the law, it is illegal, and we cannot possess it, we cannot use it. So metro narcotics will be called in.

I have had a lot of students say, "Why don't you just suspend us like they do in other schools rather than reporting it to metro narcotics?" But we do follow up on this totally in that respect.

We do one or two other things that I think are important. We do have all students to check into our attendance first aid office any drugs that are legal drugs, prescription drugs that they are to be taking during the day. And they have to come to that office. If they are to take a pill at 10 and 2, they go to the first aid office, and this pill is given to them. They step right outside the door at the drinking fountain, they take their pill, and go back to class.

This does one or two things. It certainly gives you room for questioning anyone that is in the building that you see taking a pill at a drinking fountain outside that area plus if a teacher sees pills or anything in a purse or on a student's desk during the day, they certainly are in a position to send them to the office for a thorough questioning as to why they have not checked them in.

Also, we don't allow students to smoke on campus or to gather by it. Once they are on the campus, they are required to report to the school areas designated to study time prior to school opening and after school.

We have had some occasions where we have seen them together off campus and immediately moved in and broke that up because we felt like this was not for the image of the school nor for them was that appropriate for them to gather off the campus at various areas.

We do this by contacting the parents of the students that are there and letting them know we feel like it is not sound policy to let groups of students gather off campus for whatever reasons—smoke cigarettes or whatever. We have used these methods, and I think they have helped tremendously in trying to turn the thing around.

We have a lot of programs in our school toward the spiritual growth of the student. We bring in the drug situation, alcohol, tobacco, other things during those programs. I think they have helped.

Some things, we are not doing that I have done in the past, but after experimenting with, I found was not the practical way to handle it. We have not had any drug assembly programs by using the law enforcement personnel or narcotics agents to come in and go through a process of explaining the use of drugs and what it does for you and what can happen to you. Because the first two or three times I did this back in the late sixties, early seventies, I found out I had more drug problems after that assembly than I had before because kids were being somewhat challenged to try it.

You know, they wanted to see if that was really for real. So I cut that out. And we do use law enforcement personnel, metro narcotics, to meet with our faculties and inservice, and explain to the faculty what to look for, some signs, and so forth, that they can be aware of that will help them to identify a possible drug user in the classroom.

That has been, I think, very helpful to us in that respect, But we have not continued with the assemblies that are actually spelling out that if you do this, take this kind of pill, or smoke a marihuana cigarette, these are the things that are going to happen to you and so forth.

So that is just kind of a summary.

Mr. **Beard**. Thank you very much.

We will save the questions until we go through our panel. Then, we will have questions for the panel.

Dr. Herenton?

Let me say real quickly, the drug committee investigators and staff that came down and worked with these different school officials had nothing but the highest of praise. And I say that for the record inasmuch as they have never dealt with school officials that are as open and cooperative in any area. So I do sincerely want to thank you for your openness and your frankness and your help to our staff. They had the highest praise in regard to your efforts.

Dr. Herenton?

TESTIMONY OF DR. WILLIE W. HERENTON, SUPERINTENDENT OF SCHOOLS, CITY OF MEMPHIS, TENN.

Dr. **Herenton**. Congressman Beard and other members of the panel, we are indeed pleased that your committee is conducting a hearing in Memphis.

Mr. **Beard**. Would you pull the microphone closer?

Dr. **Herenton**. I simply said we are very pleased that you are here, Congressman Beard and other members of the panel, to investigate the extent of the drug abuse problem in the Memphis schools.

I don't know if I am the appropriate person from the Memphis City schools to address this particular problem. We do have in the audience some of our staff personnel who work with developing preventive programs in this whole area of drug abuse present here. It is my understanding that during the hearing, you will have an opportunity to hear from some of our personnel who work directly——

Mr. **Beard**. Yes.

Dr. **Herenton** [continuing]. With the problem. But I would like to perhaps address the problem from a broader perspective as a superintendent.

Just to give you a little background information on our school district, the Memphis city school system is the largest school district in the State of Tennessee. We are the 15th largest school district in the Nation. We have approximately 113,000 youngsters in our public school system.

We have a teaching force of approximately 6,000 certificated teachers. We have 167 schools of which 30 are high schools. That gives you some idea of the size of our school district.

Let me say that I would agree that one of the most pressing problems in America today is the problem of drug abuse. And I would concede that this is a problem that the school systems across this country are confronted with finding some solutions to in terms of how it impacts student behavior in schools.

I would like to just give you a little background information. First of all, I don't know why Memphis was selected for a center to have such a hearing. I perhaps feel that maybe a hearing has been established from Memphis primarily because of some articles that were written perhaps last spring describing Memphis or particularly the Memphis public schools in being a school system that had a big problem with drug abuse in a school system.

And I would like to say that if you have had an opportunity to look at those articles, I would like for the record to show that from a superintendent's perspective, this probably is the worst type of journalism that I have ever witnessed. The reports of drug abuse in the Memphis City school system in my opinion represent a gross exaggeration of the problem.

The problem, I think, was not projected in any realistic perspective. The articles are primarily written on the basis of a few experiences or few observations. And from those observations, broad generalizations were established which pretty well characterized the Memphis City school system as being a haven for drug abuse.

So I did want to state that in terms of giving you some background information which may have led you to hold your hearing in Memphis.

I must concede that drug and alcohol abuse is a problem in the Memphis City schools. From my perspective—and that is a comparative perspective—the problem in the Memphis City school system has not reached critical proportions. I do not believe that we have the drug abuse problems that you would find in many other northern, eastern, and perhaps western cities of comparable size.

However, we do have a problem. I have heard one person say that if you have one student who participates in drug abuse, then you in fact have a problem. So to that extent, we do have a problem with drug abuse in our school system.

I trust that each member of the panel has received a copy of the Alcohol and Drug Abuse Analysis that was conducted in the Memphis City schools June 12, 1979. I trust that this information has been made available to you. I think this document basically provides the panel with some detailed information in terms of the depths of the problem as a cross section of how professional educators perceive the problem.

Mr. BEARD. Excuse me. At this point in the record, we will have that analysis inserted so we will see that.

[The Alcohol and Drug Abuse Analysis appears on p. 97.]

Dr. **Herenton.** I think this document clearly delineates the preventive types of programs that are being offered in the Memphis City school system to come to grips with this type of problem.

I would like to say, too, that as an administrator of the largest district in the State of Tennessee, I most certainly want to give strong leadership in terms of trying to manage the problem and to establish preventive programs that would somehow or another alleviate the problem. I don't think it is reasonable for anyone to expect that the public school system or any school system can really totally rid itself of drug abuse. There are so many other factors which contribute to the problem, factors of which we have little or no control over in our school systems.

I would hope, too, Congressman Beard that the Select Committee on Narcotic Abuse and Control would hold hearings across this country that would be designed to get at the problem of organized crime, of corrupt public officials, who permit drugs to come into our country in such large quantities and infiltrate our schools. I think this is our big problem.

Somehow or another, the Government of the United States, the Congress, must make strong efforts to deal with the drug traffic in the United States. The school systems simply reflect the broader society. If you have a drug abuse problem in your broader society, then you are going to have that same problem in your school systems. The school systems have always mirrored the broader society.

I would certainly hope that your committee would make efforts to attack the problem from a broader perspective, one that involves some major controls. Because I think those of us who are practicing administrators recognize the limited kinds of responses that we can make to correct this type of problem.

Mr. **Beard.** Let me interject real quickly, your point is well taken. And as a matter of fact, to make you aware of the intensive hearings still ongoing, I believe, in Chicago now as to the funding, and we have been shocked as to the professional community, the business community, who look at it as an investment. For $50,000 investment, they see an opportunity to bring in hundreds of thousands of dollars in profit. I mean, just like buying a stock. This is white-collar professional, respected individuals in business communities.

I think your point is extremely well taken on that.

Dr. **Herenton.** I could go on and on and perhaps read a summary. I just would like to leave copies of my summary statement.

Mr. **Beard.** We will have it injected in total for the record at this point.

[Dr. Herenton's prepared statement appears on p. 91.]

Dr. **Herenton.** I would be happy to respond to any questions.

Mr. **Beard.** Fine; thank you.

Dr. Harvey, thank you for coming.

TESTIMONY OF WARD HARVEY, SUPERINTENDENT OF SCHOOLS, SHELBY COUNTY, TENN.

Dr. **Harvey.** Congressman Beard and members of your committee, I am pleased to speak to this group. And I am pleased that you are holding the hearings here in our district, Germantown.

In order to identify our situation, let me tell you a little about our school system. The Shelby County school system operates schools outside the Memphis city limit, primarily in the remaining part of Shelby County. And most of our 32 schools are located within the incorporated limits of the 5 or the 6 small towns in Shelby County—Millington, Bartlett, Arlington, Germantown, and Collierville. A few of our schools are not in this area. And they are more or less considered our rural schools and those within the limits of the incorporated towns and I suspect would be considered as urban schools. So we have maybe two kinds of students that make up our entire school body.

We are the sixth largest school system in the State of Tennessee with approximately 25,000 students. We recognize a drug problem in the Shelby County schools, and I suggest that because we have identified at least one or more children who have been involved in drugs.

Most of the information that I have is not direct as Mr. Clayton indicated is his, but it comes from my meeting with principals, students, and parents, and a second area that I will mention a little later, the deputies that we have working in each of our schools. Some of my information comes from this source also.

I suspect that our largest usage according to these sources comes from the area where we have a very transient student body at Millington.

We are also involved with the Navy personnel there very closely. From information that I have, we probably have a little higher incidence of drug traffic that students are involved in there than any of our other student bodies.

Mr. BEARD. Let the record show Millington, the area he refers to, has Millington Naval Base with a quite large naval population. I don't know the exact number.

Please go ahead.

Dr. HARVEY. Thank you, sir.

The second largest incidence I suspect of usage would come from maybe this area we are located in at the present time, the Germantown area. The other three schools, Collierville, Arlington, and Bartlett, I suspect would rank a little behind these two from the information that I have.

We recognize that there is a problem. And without repeating some of the statements that have been made earlier by Mr. Clayton and Dr. Herenton, we are attempting to deal with it in many different ways. We have very strong policies that deal with drug usage to the extent that we can make a policy effective, the end result being expulsion from school.

And, of course, we have to recognize that we deal with the compulsory attendance law. And once we expel a student from school, there is not much option for him to go any other place. So that becomes a very difficult situation for us to deal with.

The compulsory attendance at school requires every student to be in school, ages 7 through 17. So we find this very difficult to deal with as opposed to what Mr. Clayton indicates, a very stern measure they use in the private school. However, we do everything that we can within our limits prior to doing this.

Suspension is our first step where we call in parents and deal with the student and the parent. We also use juvenile court to the fullest extent by reporting every incidence of drug traffic within the schools.

I would like to mention that our board has become concerned. Two months ago, they appointed a committee composed of board members, parents, principals, students, and teachers, to deal with this problem. And they are now holding hearings. This is being done primarily to determine if our board policy is effective. And if not, then we will evaluate it to see if a different policy would be more effective.

We have two things that we are using in our school system that I understand are producing results. For many years, we have had a full-time deputy sheriff working actively with our principals in each of our high schools. One of the primary purposes of these people being there now, is to work directly with the principal in drug traffic. And I understand that some of these people are to appear later on the program to define specifically what they do.

We feel that this is probably one of the best things that could be done because it coordinates the complete problem with the people who have to deal with it. That is the principle of juvenile court and the sheriff's people. These people started working with us in a little different role, but as our problems change from year to year, they have become more actively involved in this specific area.

We have another agreement with the Shelby County Health Department in which we have a health nurse, a registered health nurse, in each of our schools. And we use these people for many purposes, but including information to students about drug use and information.

And again, without repeating many of the things that have been said earlier, I suspect we all have somewhat the same problem in that we have some drug use, and we have some drug traffic within our school. But I feel like most of this is not as much of a problem in the school as it is in the home and in the outside school activities.

So, with that statement, I am through.

[Mr. Harvey's prepared statement appears on p. 93.]

Mr. Beard. All right, the next witness is Jerry Murphy, headmaster of the Country Day School.

TESTIMONY OF JERRY MURPHY, HEADMASTER, COUNTRY DAY SCHOOL, MEMPHIS, TENN.

Mr. Murphy. Mr. Chairman, committee members, I have heard what Dr. Herenton said about we are the 15th largest school district. We have got also on the panel here one of the largest private school systems in the Nation, and you are going to hear from a very small school now, about 240 students.

Let me give you a little bit of background as far as myself and what my background as an educator happens to be.

I have spent about 20 years in education. Fourteen of these years were in the Memphis city school system, teacher and coach. And for 8 years, I was the principal of an elementary school. The past 5½ years, I have been the headmaster at Country Day School, which is a very small school in east Memphis, serving grades 1 through 12.

You are going to find that many of the things that I say as to what we do will be very similar to those that Mr. Clayton has stated. Fortunately, during the time I have been the administrator of Country Day School, we have not had any suspensions or expulsions of students for being under the influence or having drugs in their possession. However, as Mr. Clayton has stated, it would be naive and insult the intelligence of everyone in this room if we did not very candidly admit that we know that our students, hopefully a small minority, have experimented with drugs.

As an administrator, you can walk down the hall and learn a whole lot more of what is going on in the world or any school than you can any other way. So I am sure that we do have those few that experiment with them.

Now, we have had one expulsion for bringing alcohol on the campus. She brought it in a little cologne bottle, and it just so happened that the purse dropped, and naturally the bottle broke, and there she was. Immediately, she was expelled from the school.

Again, what do we attribute this to? First of all, again, it is our policy, a strong disciplinary policy. First of all, in the private school, you can pretty well screen your students before they come in. You don't have to accept that student who has been expelled or suspended from another school for the use of drugs or having drugs in their possession or even for a behavioral problem. So a screening process eliminates at the very beginning a lot of your problems.

On orientation day, for both parents and students, we give out a handbook which clearly spells out exactly what we expect of our students, exactly what is going to happen. It tells you right quick like, any student having in his possession or being under the influence of drugs will be automatically expelled.

Two: Very similar to what Mr. Clayton has said, we do the handling of medicines a little bit differently. Students who are ill and require any type of medication, even though it is prescribed by a physician, must bring a note from the parent stating the type of medication, dosage and so forth, and the time it is to be taken. The medicine is kept in the school office and administered under the supervision of a staff officer or staff personnel.

And we put in there not even an aspirin is to be taken except under the above conditions.

Again, this is a help to us to make sure that they don't, that they are not out in the hall saying, "I just took an aspirin." They are told on the front end, you take an aspirin, you might be on the way out because we don't know after you have swallowed it what you have taken.

Three: Students who drive to school are not permitted to loiter in or around their automobile once it has been parked on the campus. And a student is not permitted to return to his car during the regular school day without written permission from the school office personnel.

Four: Students are not allowed to smoke on campus or have cigarettes in their possession. If you allow a smoking area in my own opinion, you walk up to a student, you don't know whether he is smoking marihuana or a cigarette. With the smell, you can tell a great deal about it. Who are you going to point the accusing finger at? So we don't allow cigarettes on the campus nor do we have a smoking area.

We handle our drug education program very similar to that of what Mr. Clayton mentioned. We tried what I call the scare tactic, so to speak, showing a lot of films of the physical damage, the mental damage, these types of things. We found out a lot of times these films did two things.

As Mr. Clayton pointed out, you had more talk about the drugs, not as far as the harm that was being done. But also, you put peer group pressure on those not using drugs. You have a lot of good students who are going to speak up and condone those who might use drugs. Those that speak for it say, "How do we know that it does hurt? How do we know that what we are being shown is the truth?"

So I say maybe I am being misunderstood, but what I have said is we approach it in a different way. We have tried to get the student to come to his own conclusion through encouraging him to do the research. We do have outside speakers to come in usually from our parent groups.

I like for our own parents to become involved, our doctors, lawyers, those who work with juvenile court, these types of people, because our students relate a little bit better to those people I feel.

I do believe that the drug education ought to start at a very early age. As I pointed out, I would like to see it start down at the first grade level or kindergarten. We do have a first grade.

[Mr. Murphy's prepared statement appears on p. 94.]

Mr. BEARD. If we could kind of kick off at that point because that is where I would like to kind of gear in a little bit while we are on it. You mentioned drug education. And this is the major thrust of these hearings to see what are the drug education capabilities and support functions from the Government that you received. This is what we are going to be talking to to some panels of students.

The major difference between this hearing and the New York hearing is very few students were involved. And we are going to be talking to students. We have four panels of students. We have different types of students. And we have got two different ball clubs here—the public sector and private sector.

But let me just ask Dr. Harvey and Dr. Herenton, do you feel that the Government has put out good, tangible programs, given you the tools to work with, given your principals the tools to work with? Do you feel your principals have received proper training or the teachers received proper training as to how to identify drug problems?

You know the teachers are the educators. Do you feel there has been a proper emphasis placed on our educational system in these particular areas?

Dr. Herenton, would you like to go first?

Dr. HERENTON. Yes. First of all, I would like for the record to reflect I feel that the Memphis City school system has a very effective drug abuse program.

Mr. BEARD. If you would speak up; I'm sorry, this mike apparently is not working. Maybe we could move that one around.

Dr. HERENTON. I said I would like for the record to show that the superintendent of the Memphis City schools feels that the Memphis City school system has an extremely effective drug and alcohol abuse program.

In terms of government funding and hopefully later on in your discussions, Dr. Paavola who is the director of our mental health center, can give you more specifics, but from my observation, funding at the Federal level and State level is not adequately to provide all of our administrators and teachers with the necessary training to assist the school district in identifying the problem as well as finding some preventive measures.

We have in our school system—and this has also been submitted for the record—in fact, I might point out, too, that the U.S. Office of Education, Southeast region, has identified the Memphis City schools' drug abuse program as being a model program for the Nation. We feel that in terms of the resources that are available, we are doing an effective job in developing preventive kinds of programs.

I could read you just a list of the kinds of activities that we are involved in if you would like.

Mr. **Beard.** I'll bet we have them.

Dr. **Herenton.** Yes, you have them, right. But to answer your question specifically, I do not believe that the Federal Government has allocated an ample amount of resources to assist school districts in correcting the problem. In fact, we only have about, I believe, 12 schools in a pilot situation that is involved in a preventive program this year.

Mr. **Beard.** Do you happen to know what the budget is on this particular program?

Dr. **Herenton.** Yes. Funding for the Memphis City schools mental health center, alcohol and drug abuse program, the Memphis City school system was allocated $46,550. The Tennessee Department of the Mental Health Bureau was allocated $43,000. So we have a total of $89,550.

Mr. **Beard.** These are dollars that are Federal dollars or local budget?

Dr. **Herenton.** No, no. The $46,550 is from the Memphis City schools budget.

Mr. **Beard.** Are there any Federal dollars in there at all?

Dr. **Herenton.** Yes, we have a small U.S. Office of Education consultant and training stipend that is estimated at $5,000 to $7,000.

Mr. **Beard.** $5,000 to $7,000 for 133 schools?

Dr. **Herenton.** Yes.

Mr. **Beard.** So really, that money cannot be used very effectively at all. I don't see how they could even make any impact at all.

Dr. **Herenton.** They cannot.

Mr. **Beard.** I guess your situation is pretty well the same, I would assume, Dr. Harvey?

Dr. **Harvey.** Yes. There are no Federal funds as such available to the Shelby County school system. This is one of the many areas in which we are expected to provide instruction and expertise. Then, of course, the next charge is the children can't read and write.

So within the parameters that we are allowed to operate, we try to stress maybe through the two means that I mentioned earlier—our sheriff's deputy program and the health nurse program—at the secondary, junior high secondary level. And I suspect we are doing very little at the K through 6 level. And I suspect that many of our teachers are not any more knowledgeable about drug use than many parents. And it is one of the many situations that it is very difficult to train every teacher in every area of responsibility that someone suggests, but there are no Federal funds, there are no State funds as such, for any such program.

Mr. **Beard.** For example, in the schools where you may have an educational program initiated by your own funding or whatever, where do you get your information on the harmful effects or the problems from marihuana? Where does this come from? Do you get it from the State? Do you have someone here locally that developed a pamphlet? Do you receive any little packages that come from the Federal Government saying, "These are the studies"?

If you ask a young person the harmful effects of marihuana and they say it could be harmful if it is sprayed with paraquat, that is about the extent of it. Where do you get this information?

Dr. **Herenton.** Congressman Beard, as part of a task force effort that I initiated last year, we had our personnel who work in the mental health center to survey school systems across this country to determine what kind of approaches were they using to deal with the drug and alcohol abuse program. We also asked those school systems to share with us pamphlets, brochures, giving us information.

We have also worked closely with the police department, the health departments, all agencies that have some resources to bear on this particular problem. We have also contacted Federal offices to get information. So it is just a plethora of sources that we try to tap to get information on drug abuse.

Mr. **Beard.** Congressman Evans?

Mr. **Evans.** Thank you, Mr. Chairman.

Dr. Herenton, you indicated that you believed the Memphis school system does have a very effective drug program, enforcement program, prevention program. What is your assessment—and I know you furnished us some figures, but for the record again, what is your assessment—of the drug problem so far as marihuana usage by schools in your system?

Dr. **Herenton.** I would assess the problem as being at the minimal level. I do not feel that we have a large problem with drug abuse in the Memphis City schools.

Mr. **Evans.** Could you talk in some figures so far as percentage of students, say, in the high school, 9 through 12?

Dr. **Herenton.** Well, the only indication in terms of figures that I could cite would be the number of students that have been cited for suspensions. OK, if that is a good indicator, but obviously there may be some students who are participating that we have not been able to identify. It is hard for me to just quantify and give you an accurate percentage.

I would say—it is difficult for me to give you an exact percentage. I can only say that the problem is a small problem. I would base my opinion on interactions that I have had with all of the student council presidents.

Last year, as part of my own investigation, I met with student representatives from each of the high schools because I felt that the students were closest to the problem. And on the basis of my interactions with the students, conversations with teachers and principals, I have come to the conclusion that the problem is not a major problem in the Memphis City school system. It is my feeling that the problem of drug abuse occurs to a greater extent outside of the schools.

Mr. **Evans.** Dr. Herenton, when you talk about outside of the schools, are you talking about the students themselves using drugs outside the school grounds?

Dr. HERENTON. Yes, sir.

Mr. EVANS. So it would still be a problem of the community. And while we are talking about the school system, your education program should affect the use by the students off the school grounds if it is fully effective. Would you agree with that?

Dr. HERENTON. Yes. In fact, I would certainly believe that the drug abuse program is having some impact on students to the extent that many of them are not participating in drug abuse either in school or out of school.

I think it is important to point out, too, that peer pressure and what is socially acceptable are probably factors of which the school has little control over in terms of——

Mr. EVANS. Well, I can appreciate what you are saying, but what encouragement through your PTA's has there been to create parent groups to try to counteract the peer pressure that exists on the students to experiment with drugs? Do you have in the Memphis area a number of parents groups which are designed to counteract peer pressure?

Dr. HERENTON. Yes. Let me just for the record read you a list of the types of programs that we have instituted. We have inservice programs for our secondary guidance counselors working with students who are using drugs.

We have alcohol and drug education classes for parents. It is noted that these classes were held in the months of October and February. My records do not reflect the number of parents who were involved.

We have had alcohol and drug education classes for community groups.

We have held alcohol and drug education classes in our health instruction.

We have held four alcohol and drug education classes for junior high school faculty groups.

We have participated in curriculum training for social studies teachers, curriculum training for physical education teachers, presentations for Memphis State University classes.

So as you can see, we have had a broad array of involvements of not only professional educators, but parents as well.

I cannot cite for you the extent of parent involvement in the program.

Mr. EVANS. From what you have indicated, I have no doubt that a great deal of effort is being made to deal with this problem. But in trying to determine the extent of it, I wonder, other than talking with student council presidents and people who are generally the outstanding students—and I think it is safe to say that many times these are the people that would not be involved in something that was maybe illegal or questionable—what kind of surveys have you had among the general student population to determine on an anonymous basis the extent of drug usage? Has there been any such surveys?

Dr. HERENTON. I am not aware of any surveys. Perhaps when Drs. Paavola appears before the panel——

Mr. EVANS. The reason I asked that is because the same thing was true in our Armed Forces. And it has been true in the New York school system. And it has been true in other areas that the extent of the problem is not realized because there is no effort or no research to talk to people on an anonymous basis where they can answer truthfully.

And I have no doubt that students would have a tendency to exaggerate in a group about that. If you talk to them one on one, you can get a pretty good indication as to the extent of the drug problem. I don't think that from what you indicated that you have any basis for saying that you don't have a problem or that it is minimal. I think it is difficult for you to tell the extent of your problem.

Dr. HERENTON. Let me say this, and I thought I made the statement at the outset of my participation here: The people in our school system who are most intimately aware of our programs will appear before your panel during the program. These are the people who have more authoritative information than I as superintendent.

Mr. EVANS. OK, maybe I should be asking them.

Mr. BEARD. I think the major thrust, though, is a good one inasmuch as you are the one that makes things happen. And I think you have made a lot happen with limited, very limited, resources.

But my attitude is that the school systems of this country, the entire public attitude toward the drug problem has been to a large degree—and there are exceptions, but sticking one's head in the sand and hoping this whole thing goes away.

I must say that I guess we two are probably two of the more emotional, frustrated members of this committee that see an epidemic—literally, the statistics show an epidemic—in the growth of marihuana, especially now in our junior high, sixth, seventh, and eighth graders. And yet, we see no real strong activities to try to do something about it.

And you can lock them all up, and imprison them. You catch a kid with a joint or whatever, and you give him a record, that is ridiculous. And we are realizing that. The laws were burdensome and now outdated and crude. But we happen to be believers that through the educational process, this is where the action is. We haven't really tried it; we really haven't.

You can ask a kid today what is wrong with smoking, and he will tell you. They are harassing the living daylights out of the people in their families to quit smoking. You ask them about drinking, they can tell you more about the harms of drinking because of the public service attitudes on television, educational activities involved. But you ask them about marihuana, and there is no perception there is anything wrong with it.

And so, you know, I happen to think the problems are worse, not just in this system, but in systems throughout the country that people are willing to acknowledge, and not purposely so, but just from the fact that we really haven't made a real, active effort to find out just how heavy it is.

And I don't say that in reflecting on your school system or Dr. Harvey's or the private school systems. Of course, you all have a totally different ball game. But the fact of the matter is when those kids leave that school, if no one has really told them or given them any incentive not to use it or be concerned about the effects of it, then they go down the street, and they are going to use it whereas the school is the perfect forum for showing their problems that you should be concerned about.

You should be concerned about the fact you may now be able to hurt your reproduction when you want to raise a family in the future. Things just aren't very well acknowledged in our society today.

So these are some of the things. You mentioned Germantown. Let me real quickly talk about that. You said it is the second largest area of drug usage. Germantown is probably the most prosperous, one of the most prosperous areas. Is this a result of the fact that they have more money available?

Dr. HARVEY. Perhaps it is also the largest school. We have 2,300 students. And that brings on a percentage basis more problems than a small school.

Mr. BEARD. Do you have smoking areas?

Dr. HARVEY. Yes.

Mr. BEARD. Has anyone ever discussed that? How are the smoking areas allowed? We found the problems—I have read of problems—in the Fairfax County, Va., area. It is like, well, we give into them because it is too much of a problem. So we need to let them smoke during school. Has that been very controversial at all?

Dr. HARVEY. It is one of the many problems. And we have been dealing with it since year one. It is our assumption that if we can't control something that occurs at home with the consent and permission of parents, it is very difficult for us to control these things in school.

Mr. BEARD. Why is that? They are under the supervision of teachers. One of the rules of school is you don't smoke while you are here. It is just a fact of life.

Dr. HARVEY. It is easier to make rules than it is to enforce them. And if someone decides to smoke, what is the option of punishment? We are still dealing with the same problem that I indicated earlier. We can't do away with the problem because we cross the attendance law. So we have to live with it. And we have to do the best we can, not only in this situation, but the many other things that we have to deal with. And smoking is just one of the many.

Mr. BEARD. Is there a supervisor in the smoking areas?

Dr. HARVEY. Yes, in all situations, these places are indicated on the campus, normally outside in the rain and the cold in some cases. But we still feel like that is better than the constant abuse that we find in the restrooms.

Mr. BEARD. Dr. Herenton, do you have the same situation, a supervisor in a smoking area? Or do you have a smoking area?

Dr. HERENTON. We do have designated smoking areas, but I think it is fair to say that many of those areas are not adequately supervised. So I would be less than candid if I stated to you they are all supervised.

But our board several months ago did approach this problem. In fact, resolutions were presented that would abolish smoking in the city schools. But when we talked with our administrators and many of our teachers' representatives, and on the basis of my experience as a former principal and central office administrator, I think we collectively came to the conclusion that it was not practical for us to abolish our policy on smoking.

I know that I am a nonsmoker so I want you to know I don't favor smoking, but from a management perspective, and on the basis of our experiences, and an input from a cross-section of professionals, we felt that we could not effectively enforce the policy of nonsmoking; that having a policy that prohibited smoking would perhaps create a larger problem.

For example, it was felt by many of our principals that their jobs in terms of discipline would magnify because students would then start smoking in the restrooms. They would be smoking in the hall. So it is a type of problem that it is very, very difficult to manage.

Mr. **Beard.** This is the generality. That is, you know the rules prohibiting the smoking. There were a couple of guys that would always break it when I was in high school. But people reacted to the fact that, you know, was it worth it to try to sneak a cigarette, or have your family called to come into school, and you be taken home for 2 days. And it worked. It worked back then. I don't know if it would work now. Maybe it wouldn't. That is called the generation gap.

I told somebody who just turned 14, "I still love him, I just don't like him any more." We try to understand one another at times. But I just think if you have a smoking area that is not supervised, it seems to me something like that would really be inviting some problems.

Yes, Mr. Clayton?

Mr. **Clayton.** Having been there on the firing line as a principal in both Shelby County schools and Memphis and Briarcrest, I have been in public schools where we had a no smoking area. When I was at Oakhaven High School, which was a Shelby County school, we did not have a smoking area; and we enforced the policy, and I think we had it under control.

Then, we moved into a period of time when we developed smoking areas at Overton High School. I had a smoking area. I inherited a smoking area when I went there. And even though I tried to put all the controls and clamps on that I could, there is no doubt that a smoking area promotes smoking of marihuana. It is just there; there is no question about that, and it is hard to control.

At this time, at Briarcrest, we have a no-smoking policy by anyone on campus from my position as principal of the school down to the ninth grader in that school, any employee. No one smokes on campus. So there is just no smoking going on. If you are caught smoking, you are suspended; and the only way you can get back in is to bring your parents back in. We talk through the procedure; and if the attitudes are right, we reinstate.

On the second offense, we will not let you return to Briarcrest. But, again, we are operating on an entirely different circumstance. But the point I wanted to make is that a smoking area, I firmly believe, is just one place. We are setting aside an area and saying, "OK, this is the area you can do your thing in." And it happens there, there is no question about it. Marihuana is smoked.

And I would think in probably most all smoking areas, it is just there; it is just part of it.

Mr. **Beard.** Does staff have any questions?

Mr. **Carpentier.** I have one.

Dr. Herenton, what has been your experience in regard to having the kind of briefings or orientations by, I presume, law enforcement types coming into the school systems? What has been the reaction of the students? Has there been this increase or the adverse effect that Mr. Clayton had pointed out?

Dr. HERENTON. When law enforcement officers come in?

Mr. CARPENTIER. Coming in to make that kind of presentation to your students, in other words. Have you seen the adverse reaction whereby now in Mr. Clayton's school, he has decided not to have such briefings, orientations?

Dr. HERENTON. I think it is fair to say that when law enforcement officers come into the schools either for the purpose of putting on presentations to show the harmful effects of drug abuse, and also the consequences of participating in drug abuse, it does have the effect of detering some students from participation in it.

I can't really say to you to what extent that is effective. But I think it is an approach that we should all utilize.

Let me also say that—and I failed to point this out earlier—we have officers in the schools, in about 10 of our high schools. And this is another source of information in terms of how I have developed an opinion about the level of the problem in the city schools.

We also had undercover officers in one of our high schools for a semester. And I believe that has already been submitted to you.

On the basis of interactions with the policemen in the school, and on the basis of a report that was submitted by the metro narcotics squad, who had an undercover group of policemen in one of our schools, and also my deliberations with student council presidents talking with the principals' association and teachers, all of these kinds of interactions have led me to believe that while we do have a problem of drug abuse in the Memphis City school system, it has not reached a large proportion such as Congressman Beard indicated that he foresees perhaps across this Nation.

And I may be guilty of what Mr. Evans has pointed out. I may be one of the high-level officials who may not be aware of the extent of the problem. But in terms of where you gather data, I think I have touched the key sources of gathering data on which I can base some of my perceptions of the extent of the problem.

Mr. BEARD. Would you like to see the—I believe we have approximately 11 nonuniformed officers covering your high schools. You have 33 high schools if I am not mistaken.

Dr. HERENTON. Thirty high schools.

Mr. BEARD. Would you like to see that unit expanded to give you minimum coverage for all those high schools?

Dr. HERENTON. Yes, very much so.

Mr. BEARD. You feel that is effective?

Dr. HERENTON. Very much so.

Mr. CARPENTIER. Dr. Herenton, you mentioned a rather woeful figure of the support your system receives from the Federal Government. Would you be able to submit for the record perhaps a listing of what you would need from the Federal Government to make your program effective to the level that you would be comfortable with?

Dr. HERENTON. Yes, sir, I would be very happy to do that.

Mr. CARPENTIER. Have you ever made such a request from the Federal Government for increased funding?

Dr. HERENTON. I would like for Dr. Paavola to respond to that question. I believe we have made several proposals we have submitted to the U.S. Office of Education, the southeastern region. We have also identified, and I believe that has been submitted for the record, our future programmatic projections for the Memphis City schools.

We believe we have a good model, but we need additional resources for this model to be effective.

Mr. CARPENTIER. We understand that your program has been commended at the Federal level, but apparently there hasn't been sufficient concern and support to give you the kind of money you need to really be able to carry it out effectively.

Dr. HERENTON. Yes, sir.

Mr. CARPENTIER. I think that statement would be very helpful, Mr. Chairman.

Mr. BEARD. Yes. And I would appreciate that. Thank you very much for that. And thank you.

If there is anything anyone else would have to say or any other details, we would be more than happy to keep the record open to insert at this point or any point if you feel it would make your feelings clear or whatever.

You have been very gracious. Let me reemphasize again the absolute, total praise of this committee and the investigators of this committee that they had for the school officials of Shelby County for their total cooperation, the most cooperative of any groups we have had before. And so we really do thank you because I think we are all working to accomplish the same goals.

Thank you.

We are going to take a quick break.

The next panel will be four high school students from Shelby County.

And first, the committee will take a 5-minute recess.

[Whereupon, a recess was taken.]

Mr. BEARD. If the committee will come to order.

Our next panel will be four high school students.

Let me once again emphasize to the members of the media that we have assured these student panels that there will be no front shots, no pictures, and no last names given. And I think that we will certainly ask everyone to please respect those conditions.

If we may ask our first panel of four students to please come up and take your seats. And if you could give your first name.

[First names were given as Laurie, Jeff, Steve, and Mike.]

Mr. BEARD. Have you been able to hear some of the testimony that has gone on prior to your appearance here?

I don't think any of you have any initial statements; I would just like to kind of get right to the questions if we may.

This is just all public schools here; you all go to Shelby County? Just Shelby County, OK, very good.

You have heard some administrators say that they don't feel that the problem is as serious as has been reported in one of the newspapers here. I would just like to get what you think. Do you think there is a drug problem? Do you see it getting worse? Do you see it getting better?

You know, a lot of times, we talk to a lot of people, and usually people in very important positions. And sometimes, we fail to talk to the very people who probably know best.

First of all, we want to thank you for taking the time, and showing willingness to participate, because I think it is an important issue. And we may disagree on some things and probably some things, we will agree on. But I want you to feel totally open, totally comfortable, firing back. Because in the firing back, it gives you a chance to take a shot, and me a chance to find out something. So let's just let it at that and go from there.

What do you think? Lauri, for example, do you see a problem in your school?

TESTIMONY OF LAURIE, JEFF, STEVE, AND MIKE, STUDENTS FROM SHELBY COUNTY SCHOOLS, TENN.

Laurie. Well, if you want to compare it to what was written up in the newspaper, it is not, I don't think it is, even half that bad. I think maybe a lot of kids in the newspaper, they just wanted to exaggerate and brag. And really, I don't think it is that bad.

Mr. Beard. What about you, Jeff?

Jeff. Well, I don't think it is that bad either. At our school, we have, I'd say, about 50 percent, I'd say, have tried marihuana.

Mr. Beard. Fifty percent have tried?

Jeff. Yes, sir. Maybe more. Only about, I would say, 30 or 40 percent do it regular every day.

Mr. Beard. Would you say you are saying approximately 30 to 40 percent would maybe smoke pot every day?

Jeff. Yes, sir.

Mr. Beard. That is pretty heavy, isn't it? That is a pretty nice little percentage. Do they do it in school? Do you find them doing it at school?

Jeff. Yes, sir.

Mr. Beard. In the smoking area, would you say, is that the most frequent place, or go to cars or different places you just go?

Jeff. Just different places.

Mr. Beard. Is it loose to the point in some cases right in the schools?

Jeff. No, sir. I don't think so.

Mr. Beard. Steve, what do you think?

Steve. Well, I don't really think it is that much of a problem. It is done there, but I have never really looked at it as a problem.

Mr. Beard. Have you found in your classmates that come in, though, and really during the school time, they go out on a break or whatever and smoke a joint and come back, you can tell the difference? Are they as effective or just kind of they aren't as good a student all of a sudden?

Steve. I think one of the things is nobody can tell whether someone has had that much. They just can't tell. They never come out and tell you they can tell.

Mr. Beard. Does the student kind of keep his mouth shut, doesn't do anything crazy, just kind of sits there, he can get away with it just so there is no odor like alcohol?

Steve. There is people who come drunk to school, and they get away with it, too, but not so much come high. They are people that get caught, but that is when you are smoking it. You can't just come up to somebody and say, "You're high."

Mr. Beard. What is the attitude of the student if the student takes that chance to smoke that cigarette, that joint, or whatever, in school, what is his perception as to what happens to him if he gets caught? Is it a pretty well-known fact he is going to get suspended or kind of understood that he will be taken to the office, maybe slap my hand, no big deal?

Steve. The only way you can get caught is if you are right there and it happens you are caught. Somebody tells on you, and they take you somewhere and search you. You are looking around or something. If you are smoking, you know what is going to happen. And you are going to get suspended. Like Germantown, they just send you to JC. A lot of times, you are taken away, which is what I guess they should do.

Mr. Beard. Mike?

Mike. I think that all around the problem is definitely increasing more over the years. There are probably individual schools in both the city and the county public school system that just say, "Yeah, our problem has decreased since last year," but all around, I think the problem is getting worse. And the discipline that you were just mentioning for drugs or alcohol on the school is—I know in my school, it is a lot better this year than it was last year.

Last year, you could get away with it pretty much. This year, if you are caught, you are taken down to juvenile court or whatever. But sometimes, the policeman or whoever takes you down there, the person who takes you down there, you beat him back to school. He is down there filling out papers, and the person is back to school before he even gets back. And it is not strict enough, I don't think.

Mr. Beard. One of our major concerns, too, is overseeing what the statistics are starting to show which is where it had been a problem or has been a problem in the high school level, it is now going down to the sixth-, seventh-, and eighth-grade levels. Are you starting to hear that rumbling or see it or see any evidence of it? What do you think, Mike?

Mike. That is definitely true. I know there are a lot of people—our school is right next to the elementary building, but the middle school where I went, I was in junior high, if farther away. So it is not as easy to say can I see it. But I live very close to my school. I walk to school. And I can see some of the people, some of the people that up to the fifth and sixth grade, going to elementary school, smoking cigarettes. And I don't really know what else. It could be worse than that.

Mr. Beard. Have you seen some action on that or heard about it?

Mike. When you live in a community like that where you are going to school with younger people so close, they are going to see what the older students are doing. And they are going to think, well, this is the thing to do.

Mr. Beard. Right.

What do you think?

Steve. Well, when I went to school in sixth, seventh, and eighth grade, you could get it when I was in sixth, seventh, and eighth grade. And that was 5 years ago. But back then, there was a lot more different drugs than now and a lot more people were actually getting sick in school and stuff. Now, it is just mostly people smoke.

I think maybe in the earlier grades, you may get pressure to, but in the later grades, a lot of my friends don't smoke, a lot do. Some do at some time. It is your own choice. You have to know the facts.

Mr. BEARD. Do any of you students ever feel—I mean, do you know people or see people or know people who know people that sell it? I mean, make money by selling, carry it around and sell it for a pretty good price?

STEVE. It has got to come from somewhere.

Mr. BEARD. Does anybody ever feel any feeling toward blowing the whistle on them and say, "This guy is selling pot, selling to kids in sixth, seventh, and eighth grades? Or is it just kind of an accepted thing?

STEVE. I feel it sort of filters to the sixth, seventh, and eighth grade. But he has looked upon that as somebody to be hooked up to, but he is not pushing it. He is not saying, "pusher," he is being pushed to sell it to somebody, really. I don't really see that either.

MIKE. I don't think usually the seller is not inside the school as far as I know. People that I know that smoke pot don't buy it from people who are inside the school. They buy it from either older people who have other connections or I don't really know where it comes from. But the seller is not usually in school and is not very highly publicized from what I know, what I have experienced. The seller is not really well known.

The buyer is going to keep his source secret. He doesn't want to get him in any trouble because he will then maybe stop selling it to him. I don't think it is usually inside the school.

Mr. BEARD. Congressman Evans?

Mr. EVANS. Thank you, Mr. Chairman. Jeff, in your estimation of the number of people who you feel use marihuana or some other drug on a daily basis, No. 1, are you talking about primarily marihuana?

JEFF. Yes, sir.

Mr. EVANS. Two, how do you make that estimate? For instance, do you have three or four close friends? How many real close friends would you say you had in the school that you sort of buddy around with?

JEFF. Most all of my friends do.

Mr. EVANS. I mean, how many close friends do you have, your group? Do you have a group that you associate with?

JEFF. About six or seven.

Mr. EVANS. And is there anyone in that group that doesn't use marihuana?

JEFF. Yes, sir.

Mr. EVANS. How much of the group does not use it?

JEFF. About three or four. But that is just in one certain group.

Mr. EVANS. Would you think that group was representative of other groups of students?

JEFF. Yes.

Mr. EVANS. So what you are saying is in the group that you know about specifically, that your closest association is with, that three to four out of the seven do not use marihuana on a regular daily basis; is that your statement?

JEFF. Yes, sir.

Mr. Evans. Are there any other drugs being used by any of these people such as cocaine or PCP or Quaaludes or any other drugs of this nature?

Jeff. Well, I have heard around our school of people. You know, they came out with this big article a while back about how marihuana could maybe—you see weird things, and make you go crazy and stuff. And they didn't believe it. Now, people don't believe that, so they are going to harder stuff like PCP.

Mr. Evans. Do any of these people that you are talking about use any of these things like PCP?

Jeff. Not on a regular basis; maybe if they are at a party or something, some around, they will try it.

Mr. Evans. I see. Now, what would it take to convince these people not to use marihuana? What could the Government do if the Government is convinced that, for instance, according to scientific testing done by Dr. Safenrath, Dr. Heath, and other prominent scientists all over the world, evidence indicates that heavy use of marihuana on a daily basis causes loss of memory, permanent brain damage, impotency, reduced incentive to succeed? What kind of a program could the Government institute that would convince these friends of yours not to use marihuana because they would be afraid of the consequences of their use? Is there anything?

Jeff. I don't think there would be. It is just like people smoking cigarettes. If they want to do it, they are going to do it.

Mr. Evans. Well, that is true, but don't you think that the Government has convinced a lot of people not to smoke cigarettes? In fact, smoking is on the decline with a number of people.

Jeff. I don't think so.

Mr. Evans. Steve, what do you think? Do you think there is anything that could be said to make students become convinced, like many have about smoking cigarettes, that marihuana could cause the type problems that I just described? Is there any way that could be presented to the students to cause some of them not to experiment or use marihuana?

Steve. It could do some good, but you have to show the other side, too, just like when you all were talking about paraquat. About 2 years ago, there was an uproar about people using paraquat on the pot. Now, I just heard on the radio about 1 week ago, they said paraquat doesn't do anything.

People just don't believe in the Government, what they say.

Mr. Evans. Well, I understand that. There is often a difference of opinion. Just as there is a difference of opinion among students, there is a difference of opinion among public officials. And I personally have held hearings on paraquat, and I think there is no doubt that paraquat in sufficient quantities can kill a person or cause grave damage to them.

But the question is how much paraquat is actually sprayed and then how much of that actually is used by the person smoking marihuana. And so I think, getting back to the question, because you hear conflicting evidence, is that why people have a tendency to disbelieve what they are told?

Steve. Some people believe it. You know, everybody is going to have a different opinion. Some people are going to take that evidence. There are people in my school has taken that evidence. In other words, that is how you are all going to do it, by giving opinions, the studies. And people are going to have to make up their own mind. I don't think there is any way you can force somebody.

Mr. Evans. I understand that, but I don't think we are going to convince everybody not to use it.

Steve. Yes, sir.

Mr. Evans. But I am trying to reach as many people as possible. And I am asking your advice as to what would affect you. Say you were thinking about smoking cigarettes; would the evidence which has been revealed by the Government, by the Surgeon General, convince you about smoking?

Steve. It has got me convinced, except——

Mr. Evans. Do you smoke anyway?

Steve. I try not to because I'm in a restaurant right now, you know, but you can't put it down.

Mr. Evans. Is the amount you smoke affected by the Government program?

Steve. The amount I smoke is definitely. When I light up a cigarette, I just sit there. I think somebody could convince me if he lit up a cigarette and dropped dead next to me. Right now, I see half the people in this room smoking, and they seem over 25 years old to me.

Mr. Beard. Actually, they are just 25; they look 50.

Steve. But I think the best thing you can do is inform people like keep the police officers in the school, the one policeman at any school. When there are 2,000 people—I mean, the people that are really hard-core users at our school, there is a difference. Like there are some people that that is what they want to be. They want to be known as marihuana heads. And there are some people that don't really care about it; they just smoke it. But when he comes walking around, I would feel awful, they start screaming "Narc." He will be a mile away; you will know he is coming.

Mr. Evans. Certainly, I don't think one policeman is half the evidence. That is why we are looking at education.

Steve. We had education about it in our school. When I took health, we had evidence on it.

Mr. Evans. You got evidence; you have got the Government telling you what can happen to you if you use it. And stricter enforcement, what about if you knew you were going to suffer greater consequences or what if your friends knew they were going to be punished more severely than what they are now? Would this have any effect?

Steve. It might have an effect, but why do you want to do this? Does the Government really have a right to come in and punish somebody for doing something like this?

Mr. Evans. Doing something like what?

Steve. What if it does hurt me? We don't punish somebody for smoking a cigarette.

Mr. Evans. Would you agree the Constitution gives the State the right to enforce the laws protecting the health and welfare of the individuals? And it is provided for in the Constitution. And the society so far has determined this is something that is harmful to you. And, yes, society has a right to protect you because once you get to a point that you cannot take care of yourself, then society has to take care of you.

So there is no question that society does have the right. And I think this needs to be made clear to all students and to all people that certainly, we have a right. And when I say "we," I am talking about you have a right to have this kind of law on the books.

Now, when the majority of people have determined it should not be on the books, it should be removed.

Steve. Do you think we are getting to that point?

Mr. Evans. That is a question each individual has to decide for themselves. I hope we are not, but you may feel just the opposite.

Steve. I might feel differently.

Mr. Evans. Do you have any opinion on that as to anything else that can be done that is not being done to convince people not to use drugs?

Mike. Yes, sir. I heard in here earlier one of the administrators from one of the private schools talking about how, I believe he termed it, scare tactics, he stopped doing those.

He mentioned, Steve mentioned, that you get the education in the health class. That is, you take health at our school for one-half a year. And maybe 6 weeks of it is on drug abuse. And then you never see it again.

Mr. Beard. Just one shot?

Mike. Right. You see a couple of films, take a couple tests, and you never see it again. I think that you don't really have any place to turn right now. You need as many different types of exposure as you can get. If the films aren't working, the programs where you have experts aren't working, I still say push them because what can you do?

Mr. Beard. What would happen, let's just say, Laurie, if you didn't show up? Let's say you had a drug problem and you were leaving the house every day, and you are using drugs, and you just didn't even go to school. You and a group of friends just cut out. Is there a check-and-balance system? Do you know any students that do that?

Laurie. No.

Mr. Beard. Or that morning when they turn in absent, are the the parents automatically called on the phone to check and see what the excuse is?

Laurie. Well, in some cases. I have been at home when they have called. I have been absent, and they have called. I don't know about every time. But if you do skip out, then somewhere or another, they are going to catch you.

Mr. Beard. Does everybody pretty well agree with that?

Steve. No.

Mr. Beard. Why?

Steve. You learn the system. They will call you up at your house, but you can just sit at home and wait for them to call. It is just not drug use. These people may have a test and don't want to go to school and take it. Like if I don't want to go to school, a lot of times, I will just sort of sleep late and then come in because I can make up the work. But I guess some people can't do that.

They keep a pretty good—like when you are younger, you do it a lot less; you get called a lot more. But after you have been in high school 4 years, been in that system for 4 years, people get to know it.

Mr. **Evans**. I want to follow up something with Steve. Steve, do you think that laws that set a drinking age of 18 are valid exercises of the Government?

Steve. You can draft me, you can get me killed, and I can't drink until I'm 18. I think that is sort of a joke. I have a view on that.

Mr. **Evans**. OK, I appreciate your view. But I am saying, in the State of Georgia, for instance, the law is 18.

Steve. I have been to Georgia, but what does it take—a photocopier to make a fake. Is that what you want, to turn everybody illegal?

Mr. **Evans**. I am asking you a question. If you will just try to restrain it to the facts. Do you think it is valid that the society can set an age under which you should not be sold alcoholic beverages?

Steve. I think it is valid, but then, look at some other countries. They seem to get along without it.

Mr. **Evans**. You think it is valid?

Steve. I think it is OK.

Mr. **Evans**. But then, you would agree that the use of marihuana is extended to people in——

Steve. I'm sure you can arrange on that, too, though——

Mr. **Evans**. Do you think that a person who is 18 is a lot more capable and competent of handling himself and making a more mature judgment than somebody in the grade schools about the use of alcohol or tobacco or marihuana?

Steve. I would like to say something about that. I work in a restaurant, and I was sitting there, and they had a party there. And this little kid came out and just threw up in front of my restaurant. And this was an adult party. So the age, what is going to happen at home a lot is going to make the decision for people. I don't think people who are not in high school can be really ready to make their own mind up, but it is going to happen anyway, there is no way, unless we just want to put cameras on everybody and follow them around.

Mr. **Evans**. I hope we don't get to that; don't you?

Steve. There are cameras in this building right now.

Mr. **Evans**. At least, we can get out of the building and get away from them.

Steve. True. Yes, sir.

Mr. **Beard**. Do you all feel, say, Jeff, that the school officials and police are concerned about the drug problems that exist in the school today, or is it just kind of not discussed that much? Or is it kind of you just don't hear that much about it, just a drug problem continues to go on, but just another course of events and not that much activity is really developed by the schools?

I mean the health program, is that all you see, maybe 6 weeks in the whole 4 years you are in high school?

Jeff. Well, that is about all we hear at our school, but our teachers are concerned about drugs and stuff.

Mr. **Beard**. They do act concerned?

Jeff. Yes, sir.

Mr. **Beard**. Do they talk to you about it on a frequent basis?

Jeff. Yes, sir.

Mr. **Beard**. What do they all say to you? Do they all say the same thing? What do they say it does to you? Do they say there are some problems involved in using drugs?

Jeff. They say, you know, marihuana leads to this and this leads to that, and this leads to that. They tell you it does destroy your brain cells, and that is not good. But the only time the teacher would talk to you about something like that was like you would be called to the office.

Mr. Beard. They don't just talk to you as a class; the person is called to the office because he had gotten caught or some speculation?

Jeff. Suspicion. But as far as the teacher just bringing it up in class about drugs, that is not.

Mr. Beard. Laurie, how much time have you received on drug classes at school? What all have you seen, what have you learned at school about it?

Laurie. Well, basically, I guess about the 6-week deal, but I know in one of the sociology classes, they did a big long series on it. And they did surveys, and each of the students, the students themselves, did the survey. And they went around and asked other students what they thought about it. So they really got involved with it.

But basically, that is about all

Mr. Beard. In the sociology class, was the thrust of it—did it come out and say—there were some problems? Did it discuss the medical problems or what did it do?

Laurie. I really don't know. I just know of hearing of it, hearing of the surveys, and seeing some of the posters that they had up.

Mr. Beard. Mike?

Mike We also had that in our sociology class we did much the same thing. But I think the purpose of the study was more or less to study the survey method and not to study whether there was a problem at school. And all they really did was show their figures, and there was no followup or anything like that on it.

I would like to say right now, Laurie and myself are on a committee that I think is going to be doing a lot of good, that Dr. Harvey approved. It is a committee for drugs, decorum, and discipline in school. And I think there should be a lot more of this type of thing where we can have our say-so and what we think, and it is not just good students that are getting picked out to talk. And like this thing is really good because you get everybody's side.

Mr. Beard. Are there people on that board who have had some heavy bouts with drugs and kind of cleaned their act up and relate to people?

Mike. We have only had one committee meeting, but they have asked us to try to think of somebody who we might like to bring. And it can be somebody either who is for, you know, the strong discipline or somebody who might argue the point against it.

We have these discussions, and we need some people against it just as much as we need somebody for it. And so right now, it is just students, and they have parents, teachers, and administrators there. And we are supposed to try to bring somebody to the next committee meeting who we think would aid in discussion.

Mr. Beard. Let me ask real quickly, and Congressman Evans can spend some time questioning, if you all, all your schools, have smoking areas—yours doesn't?

Steve. No.

Mr. **Beard**. You are in Shelby County schools, but the principal says——

Steve. The students didn't put that much interest in that one so we didn't have one. But would you like to have a smoking area if you were behind a fence?

Mr. **Beard**. I haven't thought about it. Is it a barbed wire fence?

Steve. There is barbed wire on top of it, as a matter of fact.

Mr. **Beard**. What would the situation be—you would like a nice little lounge area?

Steve. We had an area already, but they couldn't control drug usage in it so it was behind a fence.

Mr. **Beard**. Was that pretty accurate?

Steve. When you see what is going on around you.

Mr. **Beard**. What would happen if they removed the smoking areas; if they said it has gotten to be a problem, the areas are abused, so, therefore, we are not going to have smoking during the school day, and those persons caught smoking will be suspended for 3 days?

Steve. A lot of people who smoke a lot who would want to get caught so they can walk around and say, "I got suspended." Smoking still goes on; you don't have money to hire people to walk around looking for kids who are smoking cigarettes.

Mr. **Beard**. Do you agree, Laurie?

Laurie. I think that would just encourage it more.

Mr. **Beard**. Congressman Evans?

Mr. **Evans**. Other than the program that Mike mentioned, do any of you have any suggestions as to what could be done to improve the rapport, the communication, between the students and the administration and which would tend to perhaps reduce the drug usage?

Steve. My school would then—it hasn't been mentioned in their schools, but at least it was about 1 year ago, our police officer came to every class to get to know the students and stuff. That helps a lot. Like he can build up people, you know, catch other people. And plus, he goes around, and he puts his view on. And he told us the medical evidence of it and stuff like that to help people make up their minds.

Mr. **Evans**. Do you think he did any good?

Steve. I think he did a lot of good.

Mr. **Evans**. Do you think he deterred some people?

Steve. Is it good to deter? I am just saying he informed them.

Mr. **Evans**. At least, it gave them an opportunity to make an intelligent choice.

Steve. It seems they are getting labeled good and bad like in our school.

Mr. **Evans**. I didn't mean to. Did any good come from the standpoint I mentioned. Did it discourage anybody from smoking?

Steve. It might have. I can't say that it did anybody I know, but, you know, what else can he do, but give you—know his opinion?

Mr. **Evans**. I don't think it is a question of good and bad; I think it is a question of people.

Steve. I am sure it deterred somebody.

Mr. **Beard**. It sure doesn't hurt.

Steve. No; it sure doesn't hurt.

Mr. Beard. On that line, are you seeing these public service advertisements on television about smoking?

Steve. But I never see anything from the Tobacco Institute on television. We never continue with their story. Everybody knows smoking hurts you right now.

Mr. Beard. That's right. And one of the best ways people found out about that is through those little public service ads on television. I guess all of you have seen those things where just time after time, they have bombarded the networks.

Steve. But now, you don't have, you know, like whisky commercials on TV or cigarette commercials. That is what they had to do to be sure it hurts somebody. But those people still argue it doesn't even cause cancer.

Mr. Beard. Without a doubt now, the medical evidence is there, but would you think that that would be helpful, if like a lot of people don't understand there are some problems? I'm sure you can make a choice once you see it. If you want to make the choice, there are not enough officers, enough parents, or anybody, who can stop you from doing it. But if they don't even have any public service advertisements, or say, "Hey, do you smoke pot? This could happen to you"——

Steve. Because they don't really seem, like you say, there is a test, but like those magazines you showed us, they are full of doctors saying it does not hurt you.

Mr. Beard. This is High Times?

Steve. Why don't you leaf through it. It is sort of anti-Government propaganda. One of my best friend's dad is a doctor. And he ate dinner with my parents, and he said he would rather have his kids smoking pot than cigarettes.

Mr. Beard. The latest evidence has come up, medical evidence, saying it is five times more harmful on your lungs. That is the thing; these documents are just coming out.

Do you all, many of your buddies, your friends, see much circulation of these magazines, High Times and——

Steve. I do. They are everywhere—7-11—7-11 might have outlawed them. They have sort of gotten on the wagon where they have outlawed something.

When you say it hurts your lungs, there are going to be people over in other countries, they eat it instead of smoking. That is an argument to everything you are saying right there probably.

Mr. Beard. This literally just says why you should smoke?

Steve. Not why, but the way they put it, they put the studies. You leaf through it, there is bound to be something in there that is going to go off on how the DEA acts or is going to say of a study on this pro pot.

Who are we to believe, like the Government has done studies where it says nothing is hurting from it?

Mr. Evans. Let me ask you something. Would you tend to believe somebody who tells you something that has nothing to gain from it or someone who sells ads in magazines?

Steve. They got a Federal grant to gain from it.

Mr. Evans. The commercial existence of these magazines depends upon keeping the drug culture going and their ads.

Steve. What is the drug culture?

Mr. **Evans.** Well, people using illicit drugs, drugs which have been determined by the Government and people——

Steve. Lots of drugs in there are prescription drugs. A lot of the drugs they advertise in there are prescription drugs.

Mr. **Evans.** A lot of them are not.

Steve. True.

Mr. **Evans.** A lot of them are not, but to encourage the improper use of prescription drugs is not good, is it?

Steve. But who are we to decide what is good and bad?

Mr. **Evans.** Well, we are the people who try to decide what is best for the health and welfare of our people.

Steve. But you just can't end publishing those magazines; that is not right.

Mr. **Evans.** What?

Steve. They have got articles on you in there, I think.

Mr. **Evans.** I imagine they have.

Steve. They call you a——

Mr. **Evans.** I don't think they like me.

Steve. You are going to see something about you on that paraphernalia.

Mr. **Evans.** All I am saying is this magazine benefits from people continuing to use drugs which at the present time are illegal.

Steve. That is not the only thing it says. It is branching out into other arguments.

Mr. **Evans.** But if you take that out of it, I don't think you would see near the circulation or profits that these magazines are enjoying.

Steve. That's a legal business.

Mr. **Evans.** I have a question as to whether or not it is legal, but certainly——

Steve. That's what they argue with you about now.

Mr. **Evans** [continuing]. There is no law at the present time considering keeping them off, but the only thing I was saying, the point I was making, was who do you believe? Somebody who has got something to gain by telling you this, or somebody who has nothing to gain at all except trying to help you?

Steve. Well, the studies that I have read, where they have had nothing to gain, they have come out with nothing against it either.

Mr. **Beard.** I think you are picking on the point that has been our frustration, which is that the relating of the new medical evidence that has come out in a pretty firm fashion, has not been related to the public of this country.

Steve. But do we use it? Is everybody a heavy? That is the problem; most people aren't.

Mr. **Beard.** There is increased statistics showing there is more and more heavy usage. And we are finding in the armed services this is true to the point it is extremely heavy.

Let me just say we are running out of time and do have another panel. I do want to thank you for taking the time to come and be frank with us. And I am sure we could probably argue a little bit more and probably in some cases never come up with an answer which would be more otherwise. So thank you for giving us a little insight.

And if any time there is anything else you would like to relate to us, I hope you will get in touch with us. Thank you very much.

We are going to have the next panel come forward so I will let you all go back to school.

The next panel will be four students from the city of Memphis schools. And we are in the process of tracing them down. They are in the building.

Can I get your names?

[The first names were given as Michael, Diane, Joel, Robert, and Ginger.]

Mr. BEARD. Let me just remind you, it is requested you don't mention your school when making references, the name of your school. And also, we have emphasized for the cameras, there will be no front shots.

I guess you all sat in on the last conversation. Did you hear some of the last panel discussion? I don't know if we are going to find that much difference in the city of Memphis schools from the Shelby County schools, but we have been told by some people that felt there wasn't much of a problem with the use of drugs, they felt there wasn't that much of a problem. Yet, when I asked, they stated they felt maybe 30 to 40 percent of their fellow students used drugs on a daily basis.

I would like to just start with maybe you, Robert, and go right down to you, Ginger. How do you feel it is? Do you think there are a lot of people who use it?

TESTIMONY OF MICHAEL, DIANE, JOEL, ROBERT, AND GINGER, STUDENTS FROM MEMPHIS CITY SCHOOLS, TENN.

ROBERT. No, sir, I don't believe there is an abuse problem, between all the people.

Mr. BEARD. We have one good mike, and I apologize, but could you push that one over to him? And if you will talk right into that and pass it down——

ROBERT. What I was saying was I don't feel there is an abuse problem, but there is widespread use. But I don't feel there is an abuse problem.

Mr. BEARD. You think it is an abuse if, let's say, a joint a day is smoked?

ROBERT. Well, I think it depends on the person that is using it. If he can handle himself and keep his grades up and still take care of all his responsibilities and smoke a joint a day, I feel it is not a problem.

Mr. BEARD. Do you feel there are a lot of people that do smoke at least one a day?

ROBERT. No, sir.

Mr. BEARD. Is there much going on, smoking of pot, using of some form of drugs, during school hours?

ROBERT. No, sir.

Mr. BEARD. Joel, what do you think?

JOEL. I don't think there is much going on during the school. I really don't.

Mr. BEARD. Do you think a lot of your friends, or do you think a large percentage of the student body, are regular users of marihuana? Do you think that is so? Let's say it is not a problem; let's say they are regular users.

JOEL. Well, what do you consider a problem?

Mr. BEARD. We will just get out of it because some people might conceive a problem looking at it, and another person might see a problem as one, two, five a day, whatever. Would you say that a large percentage of your colleagues or your contemporaries use marihuana?

JOEL. Well, I say that a large percentage have tried it, but not as many people keep the habit. So there is not a real large amount of people that use it.

Mr. BEARD. What is the reason we hear when somebody has tried it, and they quit, people say they try it, and some say, "No, I tried it once, I am not going to use it any more"? Would you say there is one major reason why students quit using it or don't use it a great deal? Is it for fear that they might get caught? Is it the fact that they don't like what it does to them when they see what it can do to others?

What would you say is the major reason or is it because they heard something that could be where somebody said it was damaging to their health or mind or brain cells?

JOEL. Those are all very pretty important reasons why somebody quits. I think the most important—well, I can only speak for myself—it would just be preference. I don't know. If you want to smoke it, then you will. And if you don't want to, then I don't feel there is any pressure that you have to or that people pressure you to smoke it.

ROBERT. It is not a peer pressure thing.

Mr. BEARD. There is no peer pressure at all?

ROBERT. I can't say there is not any, but very little.

Mr. BEARD. Would you say, guys or gals, they quit just because they don't particularly care for it?

ROBERT. Yes, or the things that are associated with it. The image you get if you do smoke. The image you get if you do smoke, and just things that go along with it.

Mr. BEARD. Are you seeing increased use at all of PCP or anything starting to come on the scene that wasn't there when you first got into school?

ROBERT. Well, when you say when we first got into school, you mean the 10th grade or beginning of the year?

Mr. BEARD. Let's say when you first became aware there was drug action going on, whether it be the sixth, seventh, or eighth grade. Say the drug action then was marihuana, whatever. Are you starting to hear something now, starting to become more frequently mentioned or used?

ROBERT. Yes, sir, Quaaludes.

Mr. BEARD. Quaaludes?

ROBERT. That's the thing.

Mr. BEARD. Diane, what do you find in your school area? Do you find there is a problem or there is not or a lot of people use it or just how do you generally see the thing?

DIANE. Well, I don't think it is a problem. I don't think it is a problem because it is, I say, about one-third, maybe, maybe one-third might want to do it. And then the rest don't.

Mr. BEARD. Would you say approximately one-third of the students do it on a regular basis?

Diane. It is hard to say, but there are a few. It is just that I think everybody has a drug, a different drug, they take every day. I just feel that because, OK, like a lot of people will like they will drink cokes, a lot of cokes. Cokes got acid in it, stuff like that. I just think everybody has a drug they take daily.

Mr. **Beard.** You are not going to compare Coca-Cola with Quaaludes or marihuana, are you?

Diane. Well, you could. You could.

Mr. **Beard.** Maybe I better stop drinking cokes.

Diane. I would say about half and half because in some crowds, you are going to find some who don't and find some who do. It is just like, OK, you might have a group of kids, half of them might smoke marihuana, and the rest of them don't. They would try to talk to them, try to insist them into smoking reefer with them. And some may try it once, you know. They kind of say, "Well, hey, you know, I don't like it. It have me feeling this kind of way and that kind of way, and I just don't."

Well, you know the ones that don't like it, but have tried it probably tell the other ones that they don't think, you know, it is good for them and stuff, and they shouldn't be doing it themselves.

But I really don't think it is a problem. If you want to do it, you do it. If you don't, you don't.

Mr. **Beard.** Have you ever had many people tell you why you shouldn't in school, many teachers or classes? Have you ever had anybody point out and say, "This is what the medical evidence shows as far as the use of marihuana can cause brain damage"? Have you ever had any of that pointed out in a pretty active way?

Diane. No. I think that most of the students know what the consequences are and I also feel that if I was to tell someone, you know, not to do it, I wouldn't tell them not to do it. I would talk to them and talk around it instead of just coming straight out, telling them, "You shouldn't do this because this is bad for your health." If you tell them not to do it, it will probably encourage them to do it more.

I feel that if we had some people that was on drugs real bad and taking them and went to some kind of program to stop taking Quaaludes and smoking marihuana, just get a group of people that have been doing it, and they got bad effects from smoking dope or either taking Quaaludes, I think we should get those kind of people and set them up for an example, ask them would they like to go to students, talk to students, about drugs and things, let them know what the drugs had done to them. Maybe a lot of students would see it in a different way if we had somebody, for example, to show them and tell them how they feel and what effects did they get from reefer smoking.

I think that would be one thing that, you know, probably solve most of our problems we have with drugs.

Mr. **Beard.** Do you have a police officer in your school out of uniform that walks around, that is there for a reason?

Diane. No.

Robert. No, sir.

Mr. **Beard.** Mike, how do you think? How do you summarize the drug scene?

MIKE. I don't know. It is really more used, maybe not during school, but before school and then after school, maybe at lunchtime, you know.

Mr. BEARD. You are saying you think quite a few will take some form of drug before they get to the school?

MIKE. Not quite a few, just, you know, some.

Mr. BEARD. Do you all have a smoking area?

MIKE. Yes, sir.

Mr. BEARD. Is it supervised?

MIKE. No.

Mr. BEARD. Do you know people that smoke pot in the smoking areas in some cases?

MIKE. No.

Mr. BEARD. You don't see that?

MIKE. Not in the smoking areas.

Mr. BEARD. Have you noticed an increase in the use of quaaludes?

MIKE. Quaaludes, cocaine.

Mr. BEARD. You see an increase in the use of cocaine?

MIKE. Yes, sir.

Mr. BEARD. Right now, if you want to go out and buy Quaaludes, would you know where to go to buy them?

MIKE. Yes, sir.

Mr. BEARD. No problems?

MIKE. There might be; it just depends.

Mr. BEARD. Cocaine, would you know where to go to buy that or know someone who would know where to go to buy that?

MIKE. It just depends if it was around.

Mr. BEARD. Have you received any educational programs or has the school, when you first started high school, given you reasons why you best not get involved in the drug scene?

MIKE. Yes, some, a little bit.

Mr. BEARD. Do you think they were pretty good courses or just kind of the thing they were supposed to do to say; "we have talked about drugs, we have done it, now it is all over"?

MIKE. Just kind of a thing that they organized up, thought it would be good for everybody.

Mr. BEARD. Do you think it made such impact?

MIKE. On different people, it is just how the person acts toward it.

Mr. BEARD. Do you think it would be if more people had these public service ads that say, "Hey, look, you are going to think about smoking pot, it is going to destroy your brain cells"?

MIKE. It would help on some people. Some people say, "You are just saying this for the heck for it."

Mr. BEARD. Ginger, how do you feel about the drug situation?

GINGER. I feel that you have your percentage of the people who just smoke it all the time or only in school who are just in school until they are 18. But I feel overall that I don't personally think the situation is bad. You will have your people who will go out on weekends and stuff, but like you asked earlier, why do you think people don't continue with it who have tried it, and everybody is aware of what it does to you? But I don't think that would stop anyone. If they are going to smoke it, they will smoke it. But I think a lot of people, they just don't like it. They didn't like the effects that it had on them or they were just paranoid.

Mr. **Beard.** If you were in your school, if you had a serious problem with drugs, and every morning, you left the house, you just didn't show up at school, do they have a check-and-balance system there?

Ginger. Yes.

Mr. **Beard.** Your home would be called?

Ginger. If you do not show up at school, you parents do find out.

Mr. **Beard.** Is that the case at all your schools?

[Eveybody said "yes."]

Mr. **Beard.** Congressman Evans?

Mr. **Evans.** Thank you, Mr. Chairman.

Robert, in your original statement, you indicated in answer to Mr. Beard, Congressman's Beard's question, that you know it was up to the individual, and if they could keep their grades up when they were using it, is that an acknowledgement on your part that the use of marihuana can affect the grades of some students?

Robert. Yes, sir.

Mr. **Evans.** Ginger, do you feel that most students know that it could be harmful to them if they use marihuana on a regular basis?

Ginger. I feel everyone, especially the ones who use it, are aware of the fact of what it does to you.

Mr. **Evans.** Don't you hear a great deal of arguments that it is not harmful?

Ginger. I mean, I know that they hear it, and they are aware of it. And whether they believe it or not, the people who——

Mr. **Evans.** In other words, you think they are getting enough information to give them the opportunity to make a choice? In other words, they can believe, or disbelieve, that it may be harmful to them. They get the opportunity to know that it may be harmful; is that right?

Ginger. You are asking if I think that enough of it is being——

Mr. **Evans.** Is there information?

Ginger. Enough information is being exposed to them?

Mr. **Evans.** Yes.

Ginger. Well, no; but I feel that like if the evidence of it was brought to the schools, if we were taught more about it, and lecturers coming in, I feel a part of the people it would affect.

Mr. **Evans.** Do you think it could have an effect?

Ginger. On some of the people who are really into it, and do it, because I feel peer pressure is a part of it. And I feel the ones—it would help some and wouldn't help some.

Mr. **Evans.** You disagree with Joel, then, on that, in that he sees no peer pressure?

Isn't that right, Joel, you don't think that has all that much to do with it? Maybe the peer pressure has to do with some people and maybe it doesn't with others. Maybe some people are not easily influenced.

Joel. That is true, too.

Mr. **Evans.** But I think Diane indicated that there is a great deal of pressure if somebody is using it to get their friends to use it. Did you not indicate that in the schools? Like your friends using it, maybe he or she wants you to try. Is there a good deal of that?

Diane. Yes.

Mr. Evans. What is the supply? Is the supply domestic variety primarily or Colombian or Mexican? Robert?

Robert. I can't really say.

Mr. Evans. How about you, Joel?

Joel. I wouldn't know.

Mr. Evans. You don't know the difference? How about it, Diane, do you know the difference?

Diane. Well, I think really I know the difference, but I hear a lot of people saying—you hear a lot of people saying—they use a lot of Colombian.

Mr. Evans. Colombian gold?

Diane. Colombian gold. And you hear some say Colombian red.

Mr. Evans. You hear a lot of Colombian?

Diane. Yes.

Mr. Evans. Do you hear any discussion at all about paraquat and the possibility of the harmful effects of paraquat, anybody?

Robert. No.

Mr. Evans. Anybody concerned about paraquat? How about you, Mike?

Mike. It is, you know, dead a long time ago. When it first come out——

Mr. Evans. It is no big deal?

Mike. Not really.

Mr. Evans. Let me ask one further question, Mr. Chairman. And I would like for everybody to answer. And I am going to ask the same question, and I am going to ask you to think about a small group of people whom you know, whether it be 5 people or 10 people, but some people that you know and determine how many of those people use marihuana on a regular or daily basis even if it is just one cigarette a day or one Quaalude or whatever the dosage is.

And just think about how many of that group, whether it be 3 out of 10 or 3 out of 5, use something on a regular basis. And let me see if I can get some estimate of what you think is going on in the school system that you are in. How about it, Ginger?

Ginger. I could pick any 10 friends, and it could be—I mean——

Mr. Evans. Some of them would use it no matter which 10 friends you pick?

Ginger. I could pick 10 friends none of them did. I could pick 10 friends half of them did. But just overall, I could say maybe a fourth of them.

Mr. Evans. Twenty-five percent, you think? What about you, Mike?

Mike. It would probably be more to the using side than to the less.

Mr. Evans. Pardon me?

Mike. Ten people would probably be eight of them would use drugs.

Mr. Evans. So you think the group of people you know, 80 percent would be using?

Mike. Yeah. Well, it just depends. I know a lot of people. It might be a little bit closer to half.

Mr. Evans. OK. What about it, Diane?

Diane. I think it is also 50 percent, too.

Mr. Evans. You think 50 percent? Joel?

Joel. It is a question. Like you say, I know, I can name a bunch of people who wouldn't even think about it.

Mr. Evans. I understand. But I know that generally a person has a group that they generally associated with. And you may have five or six close friends. And I am thinking of the people that you know very well, not the people you may have a class with, but people you may, you know, that you associate with after school or on the weekends or something. That kind of thing.

OK, Robert, you go ahead.

Robert. Are you calling regular like seven times a week?

Mr. Evans. I am talking at least once a day.

Mr. Beard. What is regular in your——

Robert. I'd say regular would be——

Mr. Evans. Several times a day?

Robert. Once a day maybe would be regular.

Mr. Evans. Let's just say once a day, at least once a day.

Robert. Well——

Mr. Evans. How about it, Joel?

Joel. Once a day?

Mr. Evans. Yes.

Joel. Very few.

Mr. Evans. Three out of 10, 2 out of 10, 1 out of 10? The close people.

Joel. Close friends, once a day? No.

Mr. Evans. How about it Robert?

Robert. Close friends, none were regular users, but I know friends who are.

Mr. Evans. I see. So that you are saying the percentage would be much lower than what you have heard from Diane?

Robert. It all depends on who you are calling your friends.

Mr. Evans. I understand. But what I am trying to get at is an estimate of what you think is going on in the whole school.

Robert. In the whole school, of regular users?

Mr. Evans. Once a day or more.

Robert. Ten percent.

Mr. Evans. Mr. Chairman, I think that's all the questions I have.

Mr. Beard. Let me ask just quickly, if somebody in your school has a drug problem, is there a place in that school where there is a qualified person to help them, where you say, "Hey, this guy knows what to do," and you have students who go to him for help?

Joel. No.

Mr. Beard. Yes, Diane?

Diane. We got a little club called Peer Counseling.

Mr. Beard. I'm sorry, would you use that mike?

Diane. We have a club called Peer Counseling. We meet every Wednesday. And I think if anybody had a problem that serious, if they feel that—let me just say this: I think students my age will, you know, feel better talking to someone their own age rather than talking to an adult. So that's why we have a peer counseling so if anybody our age has a problem that serious, they would either come to one of us and talk to us.

Mr. Beard. Do other students use it? Is there a pretty——

Diane. Well, we haven't had many serious problems so we haven't seen too many people. But we also are putting on a play about drugs.

We have a play about drugs. We showed the play one time, and we spoke. So I think if anybody in our school has any problems, they would at least come to us since we are their own age, and they feel better talking to us.

They also get a better understanding and feel that we are closer to them; that, you know, it is just like that. I don't know. They feel close about talking to their own age.

Mr. BEARD. I understand.

Staff, do you have any questions?

Mr. CARPENTIER. One of the students on the previous panel said that you can be on pot and that no one can tell the difference. I would like the reaction; is that true?

GINGER. No.

Mr. CARPENTIER. Can you tell when someone is taking it? How might you see the effects in school or on a person that you know?

DIANE. Are you asking could you see the difference in them if they had been smoking?

Mr. CARPENTIER. In behavior, the way they act.

DIANE. Yes, you could.

Mr. CARPENTIER. You can?

DIANE. Yes, I feel that you could.

Mr. CARPENTIER. Are they dull or high? How do they act?

Mr. EVANS. And it would depend on how much they had smoked?

DIANE. Yes, it all depends.

Mr. CARPENTIER. On what they are taking?

DIANE. Yes.

Mr. CARPENTIER. What about marihuana?

DIANE. Well, they mostly slow drag around.

Mr. CARPENTIER. Slow drag?

DIANE. Yes, And they have severe glosses. You might say something that may not be funny to you, but it might be funny to them.

Mr. CARPENTIER. You mean giggly?

GINGER. They eat a lot.

DIANE. Yes, and they might be very talkative, too.

Mr. CARPENTIER. Talkative?

DIANE. Yes.

Mr. BEARD. Maybe we should check some of the Members of Congress.

Mr. CARPENTIER. What you are saying is you feel you can tell the difference?

DIANE. Yes, I do.

Mr. CARPENTIER. Thank you.

Mr. BEARD. Do you have any questions, Jennifer?

Ms. SALISBURY. No.

Mr. BEARD. But you feel it would be safe to say that it certainly wouldn't hurt, and it definitely might affect decisions of people who are trying to decide on whether to stop smoking or start smoking if there were better educational programs like the public service ads or whatever, saying, "Hey, these are some of the facts"? You think it is safe for somebody to say it could affect some people in their decision on how much they smoke or whether they continue to smoke heavily or stop and start or whatever?

JOEL. I think it helps, but I think that you ought to start earlier than high school.

Mr. Beard. Oh, yes.

Mr. Evans. Grammar school, first grade?

Joel. Maybe.

Diane. I feel that.

Joel. You would be aware of it.

Diane. If you were to put programs on in school, I think you should take it from grammar school on up to high school because there are some grammar schoolchildren that are on drugs, too, because they see other people doing it. If anybody in their family doing it, they want to do it. They want to see how it is. That is how most little kids get started on smoking reefer and probably taking pills. But they will try because they are puzzled.

Mr. Beard. You need to start early. I find it is the young kids that raise the most cain about people smoking. They see those ads on television about smoking, the harm of smoking. And they understand that. And when they grow up with that, then it could make a difference.

Diane. I see about 50 percent.

Mr. Beard. You think it could make a 50-percent difference?

Diane. Yes. Because there are smaller children that see other people, see the people or other people, doing it. And they want to try and see how it is. And after they have tried, if they like it, they probably, you know, keep trying. And if they keep trying, they become a drug addict.

Mr. Beard. Mike, let me ask you this: If a guy is caught, how do you feel about drug pushers? Do you think they should be thrown in a jail when caught, they should be sentenced to a very heavy sentence?

Mike. Yes. They know they are pushing the drugs. And if they get caught, they are going to go to jail most likely.

Mr. Beard. Robert, do you have a smaller brother or sister?

Robert. Yes.

Mr. Beard. What grade?

Robert. Third.

Mr. Beard. If they got in sixth or even seventh, eighth, would you ever want them to smoke or take drugs?

Robert. I wouldn't want them to.

Mr. Beard. What would you do if you saw your smaller brother in the sixth grade and a pusher got him some Quaaludes or pot? What would be your feeling toward that?

Robert. Pretty violent.

Mr. Beard. Would you feel like turning him in the first thing?

Robert. Yeah. It would be one of the first things.

Diane. I don't think I would.

Mr. Beard. You wouldn't?

Diane. No. I don't think I would turn them in.

Mr. Beard. I am talking about the pusher.

Diane. No. I don't think I would turn him in.

Mr. Beard. You wouldn't, the guy who is selling the drugs? Why would you not turn him in?

Diane. I feel it would be my responsibility to talk to him about it first before I would do anything.

Mr. Beard. I am not talking about somebody in the peer pressure group. What if it would be some kind of slicko in his thirties that is dressed out pretty good. You know, he is going to say, "What are you, some kind of nut," if you come up and say, "Now, let's try to understand one another." Because a lot of these guys we are talking about are organized crime in many cases. We are talking about some hard criminals in many cases that push the stuff.

DIANE. I would just hear him out and have him hear me out. And if he didn't try to change or do nothing like that, I would probably turn him in. But I would first try to talk to him. And if I had to go to court and everything on it, I would tell the jury that I tried, but it didn't do any good. And I think he would respect me for talking to him and trying.

Mr. BEARD. The only thing is it is nice to be sensitive toward him and try to help save somebody or save your soul, but then the fact is sometimes you have to stop and think can you afford the luxury. Because is he going to really foul up the life of another sixth grader or seventh grader? Then you look at who is more important—that sixth or seventh grader he has been pushing drugs.

But that is neither here nor there.

DIANE. I really think it should be something, you know, like a law, If it was a drug pusher, and he was selling drugs to younger kids, somebody like in the fifth or sixth grade, if he was selling drugs to them and they got caught, I think it should be something real special term that the judge should give him. Because he knows he is not supposed to be selling drugs to minors. Drugs are not legal. So I think he knew better than to sell drugs to a minor instead of an adult.

I would think it should be something real special or special sentence he should have for selling drugs to someone that young.

Mr. BEARD. Have you all seen these magazines, High Times? Do you see much of that in school?

DIANE. No.

Mr. BEARD. Well, I don't have any further questions. Anybody else have anything?

Mr. EVANS. Mr. Chairman, I would just like to thank this panel. I think that they have been of a great deal of assistance in providing an insight from their point of view. And I believe that especially the educational program from first grade up is something we definitely need to look at.

And I personally sincerely appreciate your coming and participating in these hearings.

Mr. BEARD. Really, you all are great. We do appreciate it. Thanks for taking the time.

You can thank us for getting you out of school. You all take care of yourselves. Thank you.

The committee will recess until 2 o'clock, at which time we will have the next panel, which will be the law enforcement panel.

And following that, there will be a school security panel, I believe also assigned to students.

And following that, prevention and treatment panel.

So the committee is adjourned until 2 o'clock.

[Whereupon, at 12:30 p.m., the hearing was recessed, to reconvene at 2 p.m. the same day.]

AFTERNOON SESSION

Mr. **Beard**. The committee will come to order.

Let me say this before we get involved with our next panel: There are several people who have expressed an interest along with disappointment at not having been able to participate in the hearing. Unfortunately, time precludes additional verbal testimony. But for anyone in the room who does have an interest to make a written statement on any specific point in this related field, this committee will maintain the record open until they are received.

And we will include them in the record so that they will be presented as if it were verbal testimony or you participated with the committee.

So just get in touch with my Memphis office. It is in the telephone book. That is for anyone who has an interest there. We would appreciate it, though, if you would try to get it together no later than the end of next week.

The next panel, panel V, is one dealing with law enforcement. And I want to welcome Mr. Gayle Ruhl, Special Agent-in-Charge of the Drug Enforcement Administration, and Inspector Joseph Cox, commander of Metro Narcotic Unit, and Capt. William P. Sharp, deputy commander of Metro Narcotic Unit.

I want to say, and I will wait until the reporter for the Commercial Appeal gets in, that we are very, very appreciative of the tremendous contributions that you gave our investigators and our staff. Let the record show that our staff, our investigator, stated he had never received such tremendous support as he received from the law enforcement, various law enforcement, agencies here in the Shelby County area.

I think this is to be commended. I do thank you so very much for that.

Mr. Ruhl, I guess we will start with you. Do you have a prepared statement or would you like to summarize and submit the statement for the record or whatever?

TESTIMONY OF GAYLE E. RUHL, SPECIAL-AGENT-IN-CHARGE, DRUG ENFORCEMENT ADMINISTRATION, MEMPHIS, TENN.

Mr. **Ruhl**. I would like to summarize and submit the full statement for the record.

[Mr. Ruhl's prepared statement appears on p. 94.]

Mr. **Ruhl**. Thank you for the opportunity to appear before your board to represent the Drug Enforcement Administration.

Mr. **Beard**. May I ask could you just talk right into that mike? We do have a little sound problem.

Mr. **Ruhl**. I would like to thank the chairman and members of this committee for the opportunity to appear here to present the Drug Enforcement Administration's perspective of the drug abuse problems in this area and our cooperation in working with the local officials primarily in Shelby County in the Memphis area.

I am the resident agent in charge of a three-man office. We are primarily responsible for the western portion of Tennessee. Most of our activity is located in the Shelby County-Memphis area because of the population. Here, we work jointly with Inspector Cox and Captain Sharp and the metro unit, dealing in the problems in this area, exchanging intelligence information almost on a daily basis, obtaining any information we can, or helping in any way that we can from our other offices throughout the country which may help in the local investigations here.

The cooperation here has been great with all the local agencies. And as I said before, I think I can best describe our working with the local units as almost joint activities.

The drug problem here, in my experience, has been marihuana, No. 1, the major problem. The second problem I see on the street today in this area is probably the legitimate drugs that are being diverted.

We do have a problem with cocaine and some of the other drugs, but it is not as prominent here as in many areas of the country.

Mr. BEARD. What we will do, do you gentlemen, Inspector Cox, have a statement you would like to make?

Mr. Cox. Mr. Chairman, I would like to make a brief summary and have my written statement put in the record.

Mr. BEARD. OK.

TESTIMONY OF JOSEPH L. COX, COMMANDER OF METRO NARCOTIC UNIT AND CAPT. WILLIAM P. SHARP, DEPUTY, MEMPHIS, TENN., POLICE DEPARTMENT

Mr. Cox. The metro narcotic unit reports directly to the chief deputy of Shelby County, and also the chief inspector of the Memphis Police Department. For people who are not familiar with this particular area, we are located and responsible for enforcement of 783-square-mile area with a population of approximately 800,000 people. We are bounded on the south part by Mississippi, on the west by Arkansas, the north by Tipton County, and on the east by Fayette County. And the density of the population in the area we are responsible for varies from very thickly populated to very thinly populated rural areas.

We have been a metro area since 1971. Its formation was because it was felt that one unit operating together throughout Memphis and Shelby County would be much more effective than two units operating independently which would avoid duplicate investigations and enable us to pool our manpower, resources, equipment, and money in order to perform a more effective job.

I was fortunate enough to be placed in command of this unit in 1971. Captain Sharp is the assistant commander. Our basic responsibility is to enforce the Drug Control Act of Tennessee, 1973.

We attempt to identify and apprehend people who are actually distributing the drugs, illegally diverting them, actually selling them. We did not pay as close attention to the people who are just users. We do not have the personnel to concentrate on the users.

We also work very close with other local, State, and Federal agencies, particularly the DEA in pooling information and resources.

We also depend on DEA for our educational programs, training our officers.

We also do have two officers who are assigned to public relations going around to various city groups, making speeches about drug abuse. They do not use scare tactics; they decide to present the facts. If they are talking to a group of students, they feel like it is up to the students to make their own decision to do it or not do it, but have enough information that they should be able to be prepared to live with whichever decision they make.

We don't get any Federal funds for our unit. And to be perfectly frank, I wouldn't particularly care about having any. We are fortunate in the fact that the State of Tennessee was one of the first States that passed a law where all drug fines revert back to the arresting agency to be used in drug enforcement.

I was proud of the fact this was my idea. We were then chaired by Roy C. Nixon who had the political clout to get it through the legislature. So all of the funding of our unit, the city and county pays their respective department's salaries. We depend on nothing for equipment, purchase money, informant money, or things of this order.

Last year, based on the number of persons arrested and charged in drug charges, drugs popularity, of course, No. 1 marihuana, your barbiturates and depressants, No. 3 narcotics—depressants were No. 2, your narcotics were No. 3, and amphetamines and stimulants 4. Prescription products was 5.

I believe I will just leave the rest for the record.

The No. 3 ranking of narcotics is as Mr. Ruhl earlier stated primarily Dilaudid, Demorol, Percodan. We only had 11 cases of heroin last year, heroin possession or sales. This is a little bit different as far as arrest trends on juveniles is concerned. Marihuana is still the leader, barbiturates and depressants second, and your toxic solvents, lacquer, thinner, paint thinner, things they can sniff, are third.

Hallucinogens are fourth. There is a three-way tie with legend drugs, prescription fraud and narcotics. The only narcotic involved with persons arrested was cocaine, very small number.

Like I say, we have a problem with marihuana primarily leading the way. Legitimate pharmaceutical drugs that have been diverted from legitimate use is second. And this is done either by drugstore robberies, burglaries, or doctors either through ignorance or criminal actions.

[Mr. Cox's prepared statement appears on p. 96.]

Mr. Beard. Very good. Thank you.

Captain Sharp?

Captain Sharp. Mr. Chairman, I feel any opening statement I might make at this time would be repetitious of what you just heard so I would like to go on.

Mr. Beard. Let me once again thank you and once again say how much we appreciate the total cooperation in this.

Mr. Beard. You were mentioning, inspector and captain—and please answer whenever you all feel comfortable to—that you had two public relations officers that go around that will talk to students or talk to people about using no scare tactics. But just strictly using legitimate things, the points of concern that have been out regarding the use of marihuana or drugs are strictly marihuana or pretty well cover the whole gamut of drugs?

Mr. Cox. Whole gamut.

Mr. Beard. For example, what part of their presentation would you say deals, or how much of their presentation deals, with the marihuana?

Mr. Cox. It would all depend primarily on what type of group they talk to.

Mr. Beard. Say talking to a high school class, they would spend more time——

Mr. Cox. The drug most popular being abused.

Mr. Beard. What would be the major thrust of what they would say? What facts or what figures do they use to present to the students as to the problems involved? I mean, do they place heavy emphasis on medical, mental, legal aspects? Thais is what I would like to know. Where do we get that information from?

Mrs. Cox. Can you answer that, Bill?

Captain Sharp. Go ahead.

Mr. Cox. We hit the legal aspects because primarily a youngster doesn't know what they are in for if they do get busted, particularly if it is the only charge. Let them know this is something that could follow them a long way. It could have an effect, No. 1, on a future job with the Government.

Also, if they are driving Mom and Dad's automobile, this automobile could be seized under certain circumstances.

Also, depending on the age, of course, in the future, it could have an effect on their credit references, financing an automobile.

We also let them know, and they are both very knowledgeable on the fact of different studies, different research, but they also draw on their own experience which is something the people, we say in most cases, are people that have gotten to the point, say, if he is a regular marihuana user there is a pattern you can develop such as loss of ambition. You see a drop in the grades at school. They are going to go down.

You are going to see a tendency that is not going to be regular, it is going to be occasional absences and a loss of just personal pride.

These things along with the known medical facts is what they present. And then let them make their own decision about what they want to do.

Mr. Beard. Would you say there is a heavy relationship—I think the answer to the question is known—as to the use of drugs and the thefts, the crime rate, here in the city? There is a direct relationship, would you say?

Mr. Cox. Would you want to answer that, Bill?

Captain Sharp. Mr. Chairman, I would think so. If you take the case of one addict, a Dilaudid addict, for instance, it is quite not unusual for a Dilaudid addict to take anywhere from 20 to 40 milligrams a day. And this is at $35 apiece.

Mr. Beard. What are these now?

Captain Sharp. Dilaudid.

Mr. Beard. That is a substitute for heroin?

Captain Sharp. Yes, sir; a hard narcotic. We find that most of the hard drug addicts in this city are using Dilaudid and Demerol, mostly Dilaudid.

Like I say, it is $35 a hit. And anywhere from 20 to 40 hits a day for a hard drug addict. If you are talking about an individual that basically is not going to be able to hold a steady job for an income, he has got to have an income from somewhere to sustain this habit. So he has got to steal or do something to get his money.

Mr. Beard. But like with marihuana, that is not a problem?

Captain SHARP. I wouldn't think there is such a problem with marihuana. Of course, you don't have the hard addicts to it. Definite requirement on a daily basis or the money and the cost is not such.

Mr. BEARD. Do you find like, for example, is there a heavier use in more prosperous areas, a heavier use in your poor section, poor urban areas? Have you been able to establish any pattern there?

We had one school official say he found that his second heaviest area of drug abuse was in the Germantown area, as a matter of fact. Do you find any type of pattern as far as the different educational levels or prosperity levels?

Mr. COX. I don't think you do. I think what you find, you find primarily in the white community instead of having a nickle bag, they are going to have a lid or an ounce. It is going to be there. The quantity might be different in the black community. They sell it by the joints and buy it by the bag primarily. And in the white community, it is practically all by the lid or ounce.

I also think it is pretty hard to determine in which area you have the most problem. I don't know how that figure came about or how it was based, but there are two ways you can look at that. You can look at it by arrest statistics, and you can also look at it in arrest statistics. Maybe you have got better enforcement in certain areas; maybe you have got officers in schools compared with a school that has no officers in the school.

And I would certainly think where the officer was in the school, you would have a higher number of arrests than where an officer would not be in a school. So you can't base everything on arrests statistics, I don't think.

Mr. BEARD. Congressman Evans?

Mr. EVANS. Thank you, Mr. Chairman.

Inspector, is there anything that you could be doing now that you are not doing that you think would assist in either deterring or convincing students or young people not to use drugs? I mean, whether it be additional people on the school grounds or whatever. And if so, what would be necessary to put that into effect?

Mr. COX. I would give you a frank answer. As far as stopping any drug abuse, marihuana abuse, or any other type drug abuse, if you would get a room and lock them up and be sure there is none available in that room, then you would stop it for the period of time you have them locked up. But there is no way humanly possible it will ever be stopped entirely.

I think the police officer in each school would be the first step in order to assist the principal. But law enforcement rehabilitation, no one can actually help anyone unless they want to help themselves, the particular person with the problem.

Mr. EVANS. Having looked at this problem from every different angle, I couldn't agree with you more. But I am thinking that we are talking about a battle of numbers, and we are talking about reducing a small percentage here and a small percentage there with different actions that we take.

And I was wondering, I understand some of the schools have a police officer, does that come from your department?

Mr. Cox. It comes from both the sheriff's department which I am employed by, and also from the police department. They have, I think, 10 in the city school system.

Mr. Evans. And does every school have one?

Mr. Cox. No, sir. All of the county high schools do, but only, I believe, 10 of the 30 city high schools have an officer.

Mr. Evans. Just how serious do you think the problem is? We have heard testimony by reporters for the newspapers that it was extremely serious, and then we heard school officials indicate that it was not nearly so serious. And we heard students who came in between the two in their estimates.

How serious do you think the problem is from the standpoint of the percentage of the school-aged population between the grades of 9 and 12, smoking at least one cigarette per day of marihuana?

Mr. Cox. My own personal opinion, are you talking about one cigarette a day? I call that considerable. That is a regular smoker.

Mr. Evans. Yes, that is a daily use.

Mr. Cox. I would say probably the one that is using on a regular basis anywhere from 5 to 10 percent.

Mr. Evans. Do you think the estimate would be that low?

Mr. Cox. I sure do, on a regular basis, daily basis.

Mr. Evans. How about if you include the social or weekend party smoker?

Mr. Cox. I would say the weekend and experimental are probably up to 50 percent.

Mr. Evans. Do you know what types of marihuana you are getting in? Is it being grown in the area? Is it domestic, Colombian?

Mr. Cox. Most we get in is Colombian.

Mr. Evans. Is it coming in through Florida, Georgia, or where?

Mr. Cox. Primarily Florida as far as our intelligence is concerned.

Mr. Evans. What about that, Mr. Ruhl? You should be more up to date on that than maybe Inspector Cox.

Mr. Ruhl. Primarily, it was Florida. Now, you are aware they have moved up the coastline now and are into Georgia and South Carolina. We are experiencing some in through the Texas border. But I think predominantly, it has entered the southeastern coastline.

Mr. Evans. I think it is coming in between Brunswick and Savannah primarily.

Mr. Ruhl. Savannah is quite busy, but also South Carolina is experiencing a great deal of it

Mr. Evans. What is the situation with Customs? Is DEA and Customs being able to work together in your opinion? Does Customs need any additional help to reduce the flow of drugs through this area?

I realize this is just a little off the subject matter, but I think it is relevant in that if we reduce the supply, then you are going to cut off that many more people who may start experimenting with marihuana if you make it less available.

Mr. Ruhl. Did you say this area?

Mr. Evans. I am talking about the drugs coming into this area, but I am talking about primarily coming into off the coast of Florida, Louisiana, and Georgia. Do we have sufficient personnel and equipment for Customs to cooperate with DEA in reducing the flow of drugs?

Does that put you on the spot, or can't you speak for Customs?

Mr. RUHL. I can only give you a personal opinion because I am working in this area.

Mr. EVANS. That's what I want.

Mr. RUHL. I don't think we will ever have enough help to stop what is coming along those coastlines if you try to protect every square inch of that area. It seems to me that is almost what you have to do.

I think that for the personnel we have, well, probably they are busy full time stopping these ships and mother loads and everything. At some point, I assume if you keep adding personnel, some of the workload would reduce somewhat. I wouldn't know what number to tell you.

The dope trafficker, as far as I am concerned, is trying to stay one jump ahead of us insofar as their equipment, their planes, their boats, and everything else.

Mr. EVANS. They certainly have a great deal more money to put into it than the Government does.

Mr. RUHL. They are very sophisticated. It is quite a big business.

Mr. EVANS. Inspector, in view of your opinion that there is no way that you can stop the use except by locking somebody up and then it depends whether you provide it, aren't we fighting a losing battle? Shouldn't we just give up and accede to the wishes of those who would decriminalize marihuana?

Mr. COX. No, sir. I don't believe that. I think possibly some of the approaches we have been taking have been maybe not proper. I think as far as the educational programs, they should start in kindergarten and first grade.

Mr. EVANS. You would agree with that?

Mr. COX. I definitely agree with that. I think there should be some type of Federal regulations when you see this television on it and see this housewife who has that headache and tension and see her taking the pill, and immediately she is relaxed, fine. Our youngsters watch television at, what, 2 years old. They see this chemical society.

When you are advertising such as this, your youngster is going to pick it up. So they are pill-oriented before they ever get in kindergarten.

Mr. EVANS. Do you think we should do the same thing with advertisement of prescription drugs and other over-the-counter drugs that we did with alcohol and tobacco—take it off the media?

Mr. COX. I certainly don't think it ought to be on television where all the youngsters—I am talking about small kids—can see it. They get an opinion formed of taking a pill and a good feeling about somebody taking a pill. They have splitting headaches, and all of a sudden, they feel good. So they get an opinion right there this pill makes you feel good.

Mr. EVANS. Let me ask you another question. Have you had any experience with people having drugs prescribed in which they didn't know what they were taking, didn't know the side effects and were not informed by doctors? Do you have any experience with that?

Mr. COX. No, sir. Really, most of the people that we deal with probably know more about the drugs than the doctors do.

Mr. **Evans.** Is that right?

Mr. **Cox.** Yes, sir.

Mr. **Evans.** That is the street use of prescription drugs?

Mr. **Cox.** Yes, sir.

Mr. **Evans.** How do they get the additional drugs?

Mr. **Cox.** There are a number of ways—robberies, burglaries, a doctor can write a prescription legitimately maybe for 15, say, Preludin. Maybe they might alter that 15 to 45.

And also forged prescriptions. Frankly, every doctor's office that is burglarized, prescription pads are stolen. A number of prescription pads are left lying around the office where a patient has access to them, can stick them in the pocket and walk out.

And also, you have the doctor that is pretty free with them, too, sometimes.

Mr. **Evans.** Thank you, Mr. Chairman.

Mr. **Beard.** Just quickly—would you like to follow that with another question?

Mr. **Evans.** No, thanks.

Mr. **Beard.** Captain Sharp, do you feel the drug situation would be relieved if we came out and passed Federal legislation calling for decriminalization of marihuana?

Captain **Sharp.** Most definitely not. I don't advocate decriminalization at all. The fact is, I feel we should have heavier legislation with mandatory sentences imposed upon the traffickers that are convicted in courts.

I think one of the things we have seen in the importation of drugs in the State of Florida, it has gone up into the Southern States, Georgia, Tennessee, and various other States. And basically from what we understand, it has come out of the fear of the recent legislation in Florida, making 3-year mandatory sentences available for those people that are convicted of trafficking.

Mr. **Beard.** I agree wholeheartedly with that. Three years might be a little too light, though.

Captain **Sharp.** It depends on the dealer.

Mr. **Evans.** Mr. Chairman, I have a bill that was presented about 3 months ago. And Mr. Beard cosponsored it, I believe, and a number of others, which would provide mandatory minimum 10-year sentences for the smuggling of 100 pounds or more of marihuana.

Do you think that would have any effect on the trafficking as far as being able to put somebody away for a while if they were engaged in trafficking of marihuana?

Captain **Sharp.** I think it most definitely would.

Mr. **Evans.** Let me ask you one other thing, and this is one of the criticisms that I received of it. I am not sure where it came from. But there was a contention that if this kind of bill was passed, that those smugglers would be more apt to be a great deal more resistant and would probably be more apt to hurt law enforcement or try to shoot their way out of a situation or resist with armed force and this type of thing rather than coming along peacefully in many instances because they know they will be out in 6 months or so.

Do you see this as a legitimate criticism of that type of bill?

Captain **Sharp.** I think it is a possible aspect you might have to contend with in that type of bill. We have heard that the more the Florida dealers or importers now are going on, but ones that are actually doing the loading and unloading because of the mandatory sentences in Florida, we have nothing concrete to base that on, just merely rumors we pick up on the street.

Mr. EVANS. I might say also Georgia is presently considering on a State level more mandatory sentences for smugglers. So I think that whether this approach is right or not, we are going to see more and more resolutions to that.

Thank you.

Mr. BEARD. Mr. Ruhl, do you agree decriminalization could create more problems than it could solve because of widespread use through decriminalization of marihuana?

Mr. RUHL. Yes, sir.

Mr. BEARD. Inspector?

Mr. COX. I definitely agree with that. And I might also make mention, particularly in your schools we have people going around making presentations, most of the students are under the impression they think decriminalization is legalization. And there is a complete difference. And that is something else they have to straighten out.

Mr. BEARD. We found in the survey of troops in the NATO scenario many of them, having heard discussions on decriminalization, calls for decriminalization, encouraged them to think the law has been passed to start using because it just took away any connotation of there being anything wrong with it.

So that my personal feeling is it would cause a great many problems. By the same token, I understand some of the sentences we have on the books with young people who get caught with one joint or less than that are somewhat unreasonable and are not being enforced at this particular time.

Let me ask real quickly, then, the system that you have, the sheriff's department, the men that you allocate to the school system as the metro police force, these men, this force, their primary responsibility, they don't wear uniforms; is that correct?

Mr. COX. Let me clarify something. It is not the metro narcotic unit's people. It is deputies from the sheriff's department and also officers from the Memphis Police Department. And they are not a combined unit. That particular tool is two separate units.

Mr. BEARD. But would you say their missions are pretty well the same in the county schools versus the city schools?

Mr. COX. Yes.

Mr. BEARD. And they wear no uniforms?

Captain SHARP. Oh, no.

Mr. BEARD. They aren't undercover, everybody pretty well knows that it is the local officer. What does he do—just walk the halls? Does he have a little office where people can walk in? What is his primary function—to enforce the school laws?

Captain SHARP. I think the overall function, of course, the examples of the duties, is to enforce all the local and State laws within the school, and on the school property, and control unauthorized intruders, assist the principal in establishing security procedures, and to conduct classes on request, pertaining to law enforcement topics. And they also go out and speak to community groups in regards to school security, this type of thing.

Mr. **Beard**. But is he full time at that school?

Captain **Sharp**. Yes. That is his major job during school.

Mr. **Beard**. Does he actually go out and initiate little investigations on drug use or drug suppliers?

Captain **Sharp**. Within that school, he would, yes.

Mr. **Beard**. What criterian is used by your department to choose police officers to be assigned to that?

Captain **Sharp**. Mr. Chairman, with the city police department, of course, we are unionized. The patrolling sergeants are very strongly unionized. Therefore, if an opening exists within the schools, then they have to open a bid departmentwide, bid for this particular position.

They do have certain qualifications as officers. They must have at least 3 years of college. It would be preferred that the officers take a vacation while school is not in progress. This is one of the requirements; they cannot take their vacations while school is in progress.

And they have to pass an interview board which is made up of one chief inspector from the police department and Mr. Edgar Jacobs of the board of education security division.

The city school system does pay half of these officers' salaries that are assigned to the schools. Therefore, they are involved in the selection process for the position that is in the school and school security.

Basically, in talking to the officers that conduct these interview boards, if you have got four or five different officers that have applied or bid for the position, and they are looking for one with a higher education, bachelor's degree, one that has experience with children, who is interested in what he is doing, this is the type of individual they are looking for.

Mr. **Beard**. As far as the major concensus of the police officers that fulfill these assignments, is there a feeling that there is one of cooperation, total cooperation, with the school officials, local school officials?

Captain **Sharp**. The ones I have talked to, yes. They work within the school directly under the supervision of the school principal.

Mr. **Beard**. Inspector Cox?

Mr. **Cox**. The county situation is a little different. Of course, the deputy sheriffs also have an association, and they felt so strong about this that this position in the school is not open for bid. In other words, it is not a bid position. It leaves the sheriff in the position he feels like he can pick the most qualified man without regard to seniority.

So it is not in our bid system as far as the union contract is concerned.

The educational requirement is all deputies are high school education. Of course, preferably, they want to try to get ones with some college. Also, there is an incentive pay program that starts out at $200 extra a year for 1 year to where he makes $1,000 a year extra for a degree. An officer in the past has had to have a real good work record, recommended by experience, and be able to relate to young people. And normally, most of them had some type of working programs with young people prior to this point.

Mr. **Beard**. Captain Sharp, do you feel that it might give you more flexibility as to the selection process if this was not a bid process? Do you find there are times maybe because of age or whatever, maybe someone would not be quite as good as someone if you had the freedom of selecting?

Captain **Sharp**. Yes; definitely. I think you would be able to select the type officer you need.

Mr. **Beard**. On this particular situation where it is very unique in dealing with young people and you have got to have certain abilities and talents is that a request that has been discussed with the union leadership that this particular specific job be taken out of the bid process?

Captain **Sharp**. I couldn't really answer that, Mr. Chairman, because I am not directly involved on a daily basis or in the selection process of these officers that work within the school board. This is not a function we have observed of the narcotic unit.

Mr. **Beard**. As parents in this community, as law enforcement officers in this community, do you feel that enough is being done to eliminate what has become a very serious problem throughout the entire Nation, not just in Memphis, but do you feel that we have literally given this problem the attention needed, or do you think it is where we stuck our head in the sand and just hoped it would go away?

I don't see that. Apparently, it is not a very cute or attractive issue, and you never hear it really discussed that much by elected officials in many cases except when asked.

Do you feel enough is being done?

Mr. **Cox**. Personally, I don't. No. 1, I talked maybe about elected officials. I think we have got to look further than that. I think the key right now is discipline, not only at school, but starting at home.

I don't know how it was when you all were kids, but of I did something wrong when I was a kid, I knew I was going to get punished for it. And the threat of the punishment sometimes kept me from doing what I would have done probably.

So there has to be discipline at home. There has to be support at home for the students at school, school support. There has to be educational programs, not only for the kids, but for the teachers, too, to teach them how to detect a drug abuser in their place. And once they detect one, what to do about it, how to try to get the kids some help.

I think there is a number of things in rehabilitation. I know we have missed a lot as far as law enforcement is concerned by not getting to it with the people in rehabilitation, not that we want to know who the patient is, but what type drugs are they having problems with in rehabilitation. Maybe it would point us in the direction, maybe there is more of this particular type drug being abused than we are aware of.

And I think we could probably give some feedback to rehabilitation along these same lines.

Mr. **Beard**. You all pretty well agree with that?

Captain **Sharp**. It has been brought out earlier in the hearings with regard to information, more information needed to be published. I think, on a Federal level.

As to up-to-date studies on research, especially on the effects and so forth, of marihuana. I don't think the general public is aware of these problems. I don't think the news media carries enough coverage on it. The public attitudes in general, I think we have a general attitude of apathy on the general public toward the use of marihuana. And I think with the proper information being brought forward, it might change to some extent.

Again, we have had early in regards to legislation, we feel there should be some stronger legislation, something that could be done to help, something else that could be done to help, the situation. We have other problems within the city.

Mr. Chairman, I brought out several books. Do you mind if I stand up, gentlemen? And, of course, you have got your High Times magazine which you showed us earlier. The HiLife magazine which also deals with nothing but drug usage.

Here is another book on cocaine, "Cocaine Consumer Handbook."

Mr. BEARD. Was that purchased here locally?

Captain SHARP. Everything I am showing you was purchased in Memphis 2 days ago at a so-called headshop. We have approximately 8 paraphernalia shops.

Another stash book shows you how to hide it so it can't be found.

Cocaine Calendar. Local convenience stores selling all kinds of papers. I presume things such as this don't say "cigarette paper." It says, "canvas paper." It is no doubt what its purpose is intended for.

A very nice published book, "Book of Hashish," tells you all about it, how it is made.

Another one here published in the same store, "Hash Oil at Home," how to make hash oil out of marihuana.

This is a little item you put your marihuana in, turn it around, it separates the seeds and the stems and comes out with a manicured marihuana. That is what they call it.

Very nice little item here, an 8-track tape. Head cleaner. Open it up, it is a complete coke snorting kit—the mirror, little spoon, even the little bottle in it where you can put your cocaine.

Mr. BEARD. That is in a headshop around here?

Captain SHARP. Yes.

Various papers. All the things. Something a little more sophisticated, this is a water pipe.

Mr. BEARD. Is that better than the one I have got?

Captain SHARP. Very similar to it. This is a little item, little water pipe, you put your little thing on there, four people latch on and everybody goes merrily along their way all at the same time.

A little item to hold marihuana cigarettes.

Cocaine testers. It is not hidden, but very clearly states on there "quality cocaine tester."

A little bottle of mannitol. This is what they used to cut their cocaine and heroin sold readily at the headshops.

I think we definitely need some legislation on the State level regarding the drug paraphernalia. We have got laws that say we can't possess this stuff, you can't sell it. But you can still go out and buy anything you want to use or deal in it.

Of course, presently, we do have, incidentally, the Model Drug Paraphernalia Act that was recently brought forth by the Drug Enforcement Administration. And, incidentally, I understand this was an outgrowth of a hearing very similar to this. And we have copies of it, and the Attorney General Lew Stanton, Shelby County Attorney

General, has assured us that he will bring it before the Tennessee Legislature either at this time or the next hearing. So we are hoping in the future to get something to control this.

Mr. BEARD. I would think that would be something that would be brought up this year immediately because this has got to just add to the problem. It is just hard to believe that in our society, this is allowed.

Captain SHARP. The question is how many people among the general public know that this stuff is just available to any person, child or otherwise, who walks into a shop that sells nothing but this stuff. And this is only a small percentage of it. They have very sophisticated scales and things for the measurement.

Mr. BEARD. Well, I thank you very much for your time.

And you have been down here in Memphis for how long, now, Mr. Ruhl?

Mr. RUHL. A year and a half.

Mr. BEARD. And you all work together quite a bit, I would say, coordinated fashion?

Mr. RUHL. Yes, sir, very definitely.

Mr. BEARD. We pretty well are committed with DEA's activities and certainly support them, don't feel like they get enough money at times. But we try to put our bets on that.

Mr. RUHL. Thank you, sir, appreciate your support.

Mr. BEARD. The next panel will consist of four school security police officers.

Let me first of all say we thank you for taking your time to come, and we have Mr. H. L. Buggs of the Memphis Police Department; we have Mr. M. S. Leech of the Memphis Police Department; and from the sheriff's department, Mr. Arthur Heun and Mr. Charles Coop.

Let me thank you very much for your help at these hearings and for your taking the time to come and participate.

Do you have any kind of opening remarks you would like to make in any way at all?

TESTIMONY OF M. S. LEECH AND H. L. BUGGS, MEMPHIS POLICE DEPARTMENT; ARTHUR R. HEUN AND CHARLES F. COOP, SHELBY COUNTY SHERIFF'S DEPARTMENT

Mr. HEUN. Mr. Chairman, they suggested that we introduce ourselves and maybe give a short history of our length of time with the department and what school I am at, the size of the school, maybe the ethnic breakdown of the school.

Mr. BEARD. All right, very good. Why don't you just run through real quick like and do that.

Mr. HEUN. I am a patrolman with the sheriff's department. I have been employed by the sheriff's department for almost 8 years. Since January 1978, I have been in the community relations division, assigned to Germantown High School.

Germantown High School has a student body of 2,282 students of which the ethnic breakdown is approximately 89 percent white, 9 percent black, and 2 percent other, including Hispanic, Asian, and so on.

Mr. BEARD. Very well. Mr. Coop?

Mr. Coop. I am with Collierville School. I have been with the department 3 years. A year and a half, I have been assigned to community relations in Collierville High School.

We have approximately 1,100 students at our school. It is approximately 70–30; 70 percent white, 30 percent black.

A couple of things, I wanted to bring out. First of all, the problem basically we have out there right now is, well, some of the things we are doing, shall we say, to combat this thing; we have a no trespassing program we have enacted because we have found this is where the biggest part of our outside drug traffic comes from, people from around the community come onto the campus. They have this paraphernalia in the car or whatever it is, either bought or sold out of the cars in the parking lots, this sort of thing.

We have a policy now, anyone comes on the campus, they have to check in with either one of the officers, get a permit or see myself or the principal to see if it is OK if they can either visit or teach or whatever. That way, we will know who is on the school campus, and we will get into other things as we go on.

Mr. Beard. Very good.

Mr. Leech. I am Patrolman Leech. I have been on the city police department 8 years. I have been in this program 2 years with the city board of education system. I have worked at Cypress Junior High which is located at Hollywood, Shelby.

Mr. Beard. How is the junior high broken down—seventh, eighth, and nineth?

Mr. Leech. Yes; seventh, eighth, and ninth.

Then, this year, I worked at Frayser High School in Memphis. And I have nothing additional to add.

Mr. Buggs. I am Buggs with the police department. I have been with the security program 2 years. I am at Treadwell High School.

And the racial makeup is exactly 50–50. And my school is 7 through 12, but there is also elementary school on the same ground so it is actually 1 through 12.

Mr. Beard. How would you evaluate the drug problems in your various schools, your own particular schools? We have heard comments that have gone from one end of the spectrum to the other. And I don't know if you were here most of the day, but we have had some students that say drug use on a regular basis could reach as high as 50 percent. We have others who say 25 percent. We have had administrators say a very minor problem.

Given your own personal opinion, professional opinion, being totally frank about it, how would you evaluate your own particular schools or procedure?

We will start with Mr. Buggs.

Mr. Buggs. Well, I would say that the majority of the kids at the school where I am at have experimented with marihuana. I'd say as far as regular users, 25 to 30 percent probably use it, smoke maybe one joint daily. And at my school, there is an increase with pills, use of pills.

Mr. Beard. And this is what grade?

Mr. Buggs. Grades 7 through 12.

Mr. **Beard.** Have you noticed anything about seventh and eighth grades, an increase or alarming increase in that area? Or are they pretty well removed from the drug scene at this time?

Mr. **Buggs.** No; seventh and eighth graders can get it just as easily as the 10th or 11th graders.

Mr. **Beard.** Do you find that ignorance from the parents at all? Do you have dealings with parents of children that have been involved in drugs or have you been frustrated, any of you been frustrated, with talking to parents that don't either want to believe it or don't care or just seem to be indifferent?

Mr. **Buggs.** Yes, sir. I have. I have had parents who don't seem to know what to do about it.

Mr. **Beard.** Would that be a pretty good situation with everybody on the panel?

[Everybody said "Yes."]

Mr. **Coop.** I think most of the parents—well, not most, the ones I have dealt with—are concerned to a certain degree, but yet two or three that I have in the past talked to were just totally apathetic. In other words, they have known this problem has gone on for some time, and they have almost got to the point of saying, "Don't call me any more; just go ahead and do what you have to do on your end." That is, I would say, maybe 2 to 3 percent.

Basically, the parents again are ignorant of the fact their youngsters are doing this sort of thing. They are tied up in their particular little world, and the kids go to school, hoping they come home and watch TV, whatever. Yet, they find some other interest. And 9 times out of 10, it is either in drugs or marihuana.

Mr. **Beard.** When you find a kid that keeps repeating and having problems, you feel is really in bad shape or pretty hung up with it, is there a place that you can send him within that school structure that he can receive professional treatment or help or is that just pretty much a performance of law enforcement capacity?

Mr. **Heun.** Right. In my particular instance—of course, any time that they are in possession on any narcotic or alcohol they are arrested. We have no program in our school as such for them. Either I can make recommendations to the student or the parent for some counseling service, a doctor or something of that nature. But as far as a service that the county school system has itself, we do not have any kind of drug rehabilitation program or anything for them to get into to be able to even be informed of what they can do to get help.

Mr. **Beard.** Mr. Leach, your school?

Mr. **Leech.** I found the biggest problem I had at most of the schools, the parents were strictly against the marihuana use. And when they found out, they let me know right away or the principal. The principal let me know.

However, they were in the same situation we were. We handle things by the law. And in most cases, our law requires that any time we find a joint of any kind, there is to be an arrest and that he be sent uptown without any counseling from us whatever. And that is only the first offense.

I think the board of education applies their program. I think they have a program that talks with the students.

Mr. BEARD. If they have a program. You said—like the first offense, the kid gets picked up that time; the first offense, you did the law enforcement bit. What happens to him?

Mr. LEECH. Well, I follow it up. They go to juvenile court. That is the first place they go. And they usually call their parents up there to get them. And then they set a prohibition time for the student.

I haven't heard any have gotten counseling. That is just what they do on the first setting.

Mr. BEARD. You know of no program in the school or anywhere about counseling these kids once they are picked up the first time?

Mr. LEECH. The only counseling that I know of is when you give it yourself as a police officer, showing the consequences of what will happen to you. That is about the only deterrent.

Mr. BEARD. Do you think there is a void there that needs to be—maybe it is educational counseling for that kid that has showed use of these drugs by having some on him.

Mr. LEECH. I believe he should show psychological dependency sometimes on the drug that they don't see at that age. And they need to be told this, informed of what happens to them when they get arrested. Most parents and children do not know what happens to their child if they are arrested for marihuana unless it has already happened.

Of course, I blame them for a lot of things, but in general.

Mr. BEARD. Mr. Coop?

Mr. COOP. I feel like there is a need for schooling probably not so far as the parents are concerned, but a lot of officers. We can recognize a marihuana cigarette, but we are talking about hard drugs. If there is some type of Federal program where we could be sent, or some more schooling so we would know how to approach a kid who is on drugs, or might be on drugs, so we can in turn go to a parent and say, "Hey, I think this boy or girl is having a problem and he is into this particular phase of drugs," and we could probably combat the issue if we knew a little bit more about it ourselves.

Mr. BEARD. You aren't given the tools you need to use legally?

Mr. COOP. We need to be schooled a little bit more.

Mr. BEARD. Once again, you get back to the educational process, not only the kid, but the educators themselves, the enforcement people.

Mr. LEECH. That is the main problem—either we act like a law officer or an educator. And we have to do one thing or the other. And if we break the law, then it could be consequences for us. There has got to be some kind of medium where we can try to understand the problem along with the arrest and get some help for this problem. That is the biggest problem I see.

Mr. CARPENTIER. May I ask do you think you would be more effective if you did not have the obligation as arresting officers?

Mr. LEECH. Well, I would say yes, but then I have to be careful when I say yes, because who am I to say I am the judge to determine whether he goes to jail or not. And I think that is the biggest thing that comes into this is that if you get the officer who cares about the person, you are trying to help him, and you get in conflict. And are you acting as the judge and juror for this? Should he not be sent up there and this kid should?

Mr. Carpentier. Sometimes you feel like you want to carry out your law enforcement responsibilities, and it really does put you in a box more or less, doesn't it, in some instances where you are forced to carry that out. That is your primary role, isn't it?

Mr. Leech. Primarily. There is no question, you follow procedure, and procedure is they be arrested. And you try to work your public relation or that into it when they come back.

Usually, they come back to your school the first offense. And you try to help them as much as you can at that particular time.

Mr. Carpentier. Is your salary in any way funded by Federal funds?

Mr. Leech. Half of the year, we are funded by the Federal Government which pays the board of education for this program. I think that is 180 days out of the year.

Mr. Carpentier. Is that from the department office of education? Do you know what that grant is under?

Mr. Leech. There may be some.

Mr. Carpentier. Is it LEAA?

Mr. Leech. There may be someone here from the board who could answer that for you.

Mr. Carpentier. One-half of your salary is under that grant arrangement?

Mr. Leech. Yes.

Mr. Beard. I think we do need to have it cleared up. I was reading the preliminary reports, and it is pointed out also when we talked about arrest, we are actually talking about juvenile summons which there is a difference there, is there not?

Mr. Heun. There is a fine technicality there, Mr. Chairman. A juvenile summons is somewhat the same nature as a traffic ticket, while technically, it is arrest as far as paperwork goes. It is not physical arrest of the subject.

Mr. Beard. His record will not show that, will it, for the rest of his life?

Mr. Heun. In our State, of course, and I assume it is in the other States, a juvenile who is arrested, their record is a closed file. It is not a matter of public record that anyone can go check. It is only available to the juvenile court system and I believe police officers.

Mr. Beard. That is under 16?

Mr. Heun. It would be under 18.

Mr. Beard. Under 18?

Mr. Heun. Correct.

Mr. Beard. Congressman Evans?

Mr. Evans. Thank you, Mr. Chairman.

Do any of you operate on so-called open campus where people other than students can come onto a campus?

Mr. Heun. No, sir.

Mr. Beard. Strictly students?

Mr. Coop. Could you clarify the question?

Mr. Evans. Well I mean, suppose some visitor comes. Can they come onto the campus and mingle with the students?

Mr. Coop. In our school, they have to come to the office first and get a permit so we will know who is on campus. And if anybody else is there, they will be asked to leave or be arrested for trespassing unless they have some business in the school.

Mr. EVANS. If you happen to know, what is the general sentence a person would receive if he were convicted of sale of or pushing marihuana cigarettes?

Mr. HEUN. Could you clarify that? With us being in the school, are you referring to students or adults?

Mr. EVANS. Yes, I am referring to students that are dealing with that. Would they still be referred to juvenile?

Mr. HEUN. That is correct. Anyone charged, if they had enough, if they were possessing enough, to be selling or if we did catch them in the act of selling, they would be charged with possession with intent to sell. They would then be physically arrested and transported.

Mr. EVANS. Then what is the situation? Is it that they return to the school then in a few days, or are remanded to the custody of the parents or put in detention school or something?

Mr. HEUN. On the first offense, the juvenile would be, of course, remanded to juvenile court, then released into the custody of his parents as soon as his parents could pick him up. There would then be a hearing to determine either his guilt or innocence in regard to the matter.

If we wanted to go ahead and plead guilty, there would be no hearing the first offense. He would be placed on probation by juvenile court in most instances. Then there would be a hearing.

The policy at the Shelby County School is on someone who is selling. They would be given a board suspension, and there would then be aboard hearing to decide whether to allow the student to return back to that school, another school in that system, or be expelled from the school system, depending.

Mr. EVANS. Had the expulsion occurred, how long would it be for?

Mr. HEUN. I do not really know.

Mr. COOP. In a case like this, usually, the maximum amount that the board will allow you to suspend a person is for 10 days. At that time, they will have a board hearing, and there will be a member of the board plus a principal. And possibly in this case, the arresting officer will sit down with that person's parent and decide whether or not this kid will come back to school or not. But 10 days is the maximum if it is possession or possession with intent to sell.

Mr. EVANS. So after he is out 10 days, you have to let him back in the school?

Mr. COOP. This is true because the State of Tennessee has a compulsory education law. And if you are between the ages of 7 and 16, they have to be in school somewhere. So it is either pass the buck or bring him back and try to do some counseling with him.

Mr. EVANS. Is that substantially different than what would happen to someone you found smoking on the campus?

Mr. COOP. Marihuana?

Mr. EVANS. Yes.

Mr. HEUN. Speaking for Germantown High School, if a student was just caught in possession of one marihuana cigarette or just smoking and had not had any previous disciplinary problems at the school, in 99 percent of the cases, he would be readmitted to school as soon as the parents brought him back to school to talk with the principal.

Mr. Evans. Would he even have to go through a juvenile court hearing?

Mr. Heun. Yes, sir, it is my policy and the school's policy that no matter what amount that they have on their person when they catch him, they arrest him.

Mr. Evans. Do you think the students worry too much about it? Does this really deter them from doing anything except a little bit of hiding?

Mr. Heun. I think it has deterred some at Germantown High School. It has no doubt deterred some from what I have been able to pick up from the students I have talked to. Others, as you say, it has made them hide it more closely, be more careful when and where they would smoke it on the campus.

Mr. Evans. Thank you, Mr. Chairman.

Mr. Beard. Miss Salisbury?

Ms. Salisbury. I have a couple questions I would like to direct to Mr. Buggs or Mr. Leech.

You said you had problems trying to deal with students caught with drugs. I am interested in knowing if you suspect somebody is having a problem with, say, marihuana, are there any teachers or counselors at your schools who have had training in how to treat kids or had some drug-education classes where you could send these students for help besides counseling them yourselves?

Mr. Buggs. Well, the Board of Education has a mental health department in which they do have drug counselors, but they can't counsel with everyone who smokes one joint, you know. If you see someone who has a serious drug problem, is a repeater——

Ms. Salisbury. That is who I am referring to. You may not have caught that person yet, but you know there is a drug problem, you know they are doing it a lot.

Mr. Buggs. It has to be a voluntary thing. They can ask for help, and the drug people, the counselors, will come out and try to talk to them.

Ms. Salisbury. That is what I meant. If you go to a counselor or teacher and say the student may have a problem.

Mr. Buggs. It is not within my school. The counselors work out of a mental health center. We don't have counselors within the school, but they will come back to the school, I think it is, like 1 day a week and talk to a group who may be having problems with drugs.

Ms. Salisbury. So the people from the mental health do come out to your schools?

Mr. Buggs. They are short, too, the people—and there is just so much they can do.

Ms. Salisbury. How about you, Mr. Leech?

Mr. Leech. Well, as far as the drug counselor, I knew they had it. However, I think they go to certain schools that have programs for those who have been adjusted, say, from our school to another one where it is more concentrated in their efforts. Because I haven't seen too many at my particular school where I am having problems.

What else is it you wanted to know about?

Ms. Salisbury. I was also wondering if there are any teachers who have expressed an interest in helping kids, that you know have already established some type of rapport with students at your school, who are willing to spend some extra time talking to them, maybe suggesting they do go to the mental health center or see a private physician.

Mr. LEECH. The teachers where I have been have no training whatsoever. I have found 40 to 50-percent have never smelled marihuana or knew what it smelled like. And the ones that did didn't know what to do with it. They knew it was a problem.

Ms. SALISBURY. Do you see that as a problem? Would you like to see more teachers have some type of special or supplementary training in how to identify drugs that are available to students in your school?

Mr. LEECH. Sure, because that is how they get their training—from us. They come and ask us. They smell it in the bathroom—is that marihuana? We say, "Yes, that is what it smells like."

Mr. BEARD. There is no program at all? You can cover in an hour just simple basics. You could make them familiar to where they would be a help to you or just see like the variation of each school.

Mr. LEECH. That's what I spend most of my time doing. In the very beginning, I even borrowed a sheriff's department narcotics kit that they have. And I brought it to the schools and showed them what everything looks like because they wouldn't know what a roach looks like. They wouldn't even know what it is called, let alone that. And I also talked some to the kids about what is going on.

Mr. BEARD. How are the teachers instructed if they handle it, if they do find someone and are able to pick it out? Are they pretty well prone to report it and come to you directly? Have you found situations where they are quite hesitant, too, to say anything about it?

Mr. HEUN. I have found somewhat a mixture of both. Most of them—in fact, all of the teachers in Germantown High School faculty—that I have come in contact with are more than glad to help. Some of them are sometimes reluctant. They are somewhat afraid. Maybe they have been intimidated about what students have said or something, some retaliatory things, something along the lines of windows being broken out of the cars, their tires cut, something along this nature. They start thinking of things like this.

Some of them are somewhat reluctant to bring a student in when they catch him. Some of those will not say anything. Some of them will come to you later and say, you know, "I saw this," or, "I saw that. Can you do something about it now?" They more or less wanted to remain anonymous in turning the student in. They are in a minority, I would say, though.

Mr. BEARD. Are you all having problems where your assignments by your principals restrict you in your efforts like, for example, being assigned to a specific area. They all know where that is, where you are assigned. And as a result of that assignment, everyone flocks to another area. Has that ever been a problem?

Mr. COOP. We are basically free to run. We are in charge of the whole campus. If we want to pick one area at one time and go to another, OK. The basic thing to remember is never have a routine. Do everything different each day. If you get into a routine, they know at 11 o'clock, he is going to be at the upstairs restroom—and like you said, then be somewhere else—that is no good. But the thing is be different places at each time, never have a set routine.

Mr. Beard. If you were asked what changes you would like to see in the operation of your detail—maybe not strictly in operation of your detail—but I think all of you agree we need a whole lot more education of the teachers and the students.

Mr. Coop. True.

Mr. Heun. The biggest problem with the students I have talked to at Germantown High School who are involved with marihuana, their thoughts behind it basically are there has been so much controversy between the people in the research field and the medical field to exactly what kind of harm it will do and what extent that harm will be, depending on the different amounts of usage, how many years it would be, I think you won't ever completely stop it. But I think that a great deal of it could be cut back through the information getting out to the public, to the officers involved, just coming out and flat saying this will happen, this will happen, this will happen.

They just won't buy a concept. They want something in black and white, something they could see preferably. These movies and things like this, some of their attitudes are, "Well, it's kind of like, you know, is that for real or just something they got out of Hollywood?"

Mr. Beard. Did any of you see the NBC Special, "Reading, Writing, and Reefer?" Did you get any reaction? There was something that really made an impact on students, and the survey showed it.

Did all four of you volunteer for this particular assignment?

[All four said, "Yes."]

Mr. Beard. I have no further questions. Has staff?

[No response.]

Thank you very much. I really appreciate that. You had some good points.

The next panel and final panel of the day will be dealing with prevention and treatment. Dr. Paavola and Dr. David Knott.

TESTIMONY OF DR. JAMES PAAVOLA, DIRECTOR, MEMPHIS CITY SCHOOLS MENTAL HEALTH CENTER, ACCOMPANIED BY KAY CROWSON, ALCOHOL-DRUG COORDINATOR; DAVID KNOTT, MEDICAL DIRECTOR, ALCOHOL AND DRUG PROGRAM, MEMPHIS MENTAL HEALTH INSTITUTE

Dr. Paavola. This is our alcohol-drug coordinator, Miss Kay Crowson.

I ran a quick check for you. Those moneys for the police officers in the schools are not Federal funds now; at one time, they were.

Mr. Beard. They are not Federal funds?

Dr. Paavola. No, sir.

Mr. Carpentier. When were they cut off? Were they ever Federal?

Dr. Paavola. Five positions for 1 year. They say the Memphis schools never have been Federal. The police department funds for the program, their match came from the Feds for 1 year.

Mr. Beard. Doctor, we will go ahead and start.

Let the record show that Dr. James Paavola, director of Memphis City Schools Mental Health Center is here and Miss Kay Crowson, the director of the alcohol and drug program. Dr. David Knott, we hope, will be along.

I will take this opportunity to welcome you, and I think some of the questions we have been asking of the witnesses possibly you will be in better position to give us the answer because this is an area we feel very strongly about.

So you have kind of an opening statement you would like to summarize or any opening comments you would like to make?

Dr. PAAVOLA. I will start by picking up on some of the comments Dr. Herenton had. I guess I want to begin with the amount of money that is coming from the U.S. Office of Education which is $5,000–$7,000, which is, indeed, very small. But the way the OE program is set up, they put that money into training, into consultant fees, and have a fairly elaborate training and philosophy that allows for the optimal uses of resources within a school so that if they came in and trained 10 people, they would set up a mechanism whereby those 10 people would pull in more people, and so on.

Mr. BEARD. But you throw that $7,000 from the Federal Government into a kitty with more dollars that you use in this training procedure?

Dr. PAAVOLA. Yes.

Mr. BEARD. What is the exact name of the program that this $5,000 or $7,000 covers? How does it come? Is it restricted to a specific purpose or what?

Dr. PAAVOLA. Yes, sir. And the way it comes in, I never see it. It goes out before it comes in, but they allow us under the grant to identify training needs. We set up a program that we want to run and say what kind of people we want to come in and help us run it. Maybe some consultants, maybe some trainers, it might be a 3-day program, a 2-week program. Identify key people across the system that we think need to be in that program. They fund those people to come in, pay their travel, reimburse them at a certain per diem rate, and pay for their food and lodging. And we pick up the rest of the tab.

So that is how the moneys are used. And as we have become more adept at identifying people in the city schools to work in that program, as we get a little stronger base in our program, we attract more people, then we can use those consultants even more advantageously. So the money stretches a long way.

Don't get us wrong; it is still a very little bit of money, but they have done a lot with it. And we are indebted to the Office of Education for what we have so far.

Mr. CARPENTIER. Is that Helen Nowlis' program?

Dr. PAAVOLA. Yes, sir.

Mr. CARPENTIER. That is the one that has been cut so drastically.

Dr. PAAVOLA. Our funds were cut this year.

Mr. BEARD. That has been one of Congressman Evans and my biggest concerns and objections to the priorities of the budget. It used to be a budgeted program that was effective, and the program, everyone agreed, seemed to be working. And I think the budget went from about $11 million to a million or less than a million. And it seems we are going in exactly the opposite direction.

I think it is characteristic of the whole attitude of the drug problem in this country. So good; I am glad you pointed that out.

Mr. CARPENTIER. How much would you estimate if you were to envision your program becoming quite successful or reaching the ultimate objectives that you hope to achieve, how much would you image, that you would need in additional funds?

Dr. PAAVOLA. I have never dared allow myself to imagine like that. We are used to running off a shoestring, and I wouldn't be able to function out in that area. But let me see if I can do it by example or interpretation.

We have got—well, as of November, we got two more staff members. We got an extra grant from the Department of Mental Health, an increase in funds. So we now have a full-time alcohol and drug staff of five people, and one part-time clinical supervisor. So we have got five people.

Kay coordinates it, and there are four counselors. That is for a system of 113,000 kids. And when the police officer here said, the one said, you can't call the counselors in for every marihuana cigarette, that is correct. And the other one said he hadn't even seen us. That is probably correct, too.

We try and service the schools, but we can't get to them all.

Mr. BEARD. How do you even decide? I can't imagine how you decide.

Dr. PAAVOLA. Well, you know, it is kind of like when you don't have a whole lot of money at home, you have to figure out what it is you do first. And that's what we do. We try and break drug abuse and alcohol problems or issues into three basic categories. And these also fall in line with the Office of Education philosophy and theories behind substance abuse.

The first category is identifying those kids who are using drugs or alcohol such that it is really harmful to them, potentially dangerous, and a real serious situation. You have kids chug-a-lugging a fifth of gin or someone spraying paint up their nose or someone shooting up frequently and totally out of control. Those kids constitute a crisis situation, and we move as fast as we can move to get them some kind of assistance. And that is usually residential treatment.

The second category is that category of youngsters who are using drugs in such a way that they are using them to cope with life and stresses of life, the same way that most of us might take our evening martini or—is Captain Sharp still here? He gets a kick out of me using examples of alcohol instead of using marihuana. But I think it is basically the same kind of thing. It is just a preferential issue as to different drug of choice.

Adults in our society definitely choose alcohol. The kids are really into marihuana.

Mr. BEARD. Chicago kids also. One of the major problems is the fact that kids are going with both the alcohol and the drugs. And that is what makes it so devastating.

Dr. PAAVOLA. I don't know that mixing marihuana and alcohol is devastating. In fact, some alcohols counteract the high of the marihuana. But the issue is just as Inspector Cox pointed out. Our society is after quick solutions and looking for chemical solutions. And once you get into a life style that depends upon a chemical solution, then you are somehow dependent upon that chemical. And if that is marihuana or alcohol or cocaine or Mom's pills, or whatever, the issue is that kids are using it to cope.

And those are the kids we try to see in therapy. And we see about 140, 150 kids in therapy each year.

The next category we have is the prevention category. And of all the kids who use any kind of drugs or alcohol, it is usually done on a social, recreational, or experimental basis. Probably about 75 percent of all kids who use drugs use it on that kind of basis. And that is one of our big targets for prevention programs, early intervention programs.

Mr. **Beard.** What is the thrust of that program?

Dr. **Paavola.** That particular program is the one that OE has been sponsoring and backing. And that is the one we have now targeted into. Initially we had it in five schools. And now, we have added nine more. So we have got 14 schools roughly that we are working fairly heavily on a preventive, early intervention kind of program.

And that covers, along with our grant from Mental health a program for kindergarteners which comes out of the National Poison Control. That may be the wrong name. I think it is called the National Poison Control Center or something like that.

The Mr. Yuk stuff, you know stuff, the terrible green face with a frown, which turns kids off. The old skull and crossbones warning labels got kids excited so they used to drink the stuff. They thought that was fun, swashbuckling. So they changed the skull and crossbones to an ugly green color face. Kids don't like an ugly face, an unhappy face. And they called it Mr. Yuk. It has been fairly effective. And the poison control center has a program for the kindergarteners which allows kids to be aware of some of the hazards of consuming or inhaling substances. And that is what we focus on in kindergarten right now.

We are also doing everything we can to come up with a curriculum for the fifth and sixth graders. We have kind of borrowed and stolen and begged and pieced together a 10-day curriculum. And we are working on that this semester.

For the junior high schools, we have pretty much fallen back on a standard program called "The Jackson Junior High Series." We have done a lot of training of junior high school teachers. I say "we"; Kay has done most of the training in that. And it is a pretty stock program that has received good use across the Nation, good feedback. And it also has an evaluation component which we will be using.

Mr. **Beard.** When you say "teachers," how about the teachers and training them? The law enforcement officers, four patrolmen who work in the schools, you heard them say it was very important that the teachers got more informed and more knowledgeable of the whole drug scene because so many of them just don't even know what it looks like, smells like, or anything.

I have also been told, though, that some of the law enforcement officers offered to go to the schools and present programs to the teachers, show them what it looks like, light it up for them, let them see what it smells like, the whole ballgame. And they have not been able to coordinate that because it would require teachers staying after school. Has this been a problem?

Dr. **Paavola.** That doesn't make any sense to me about requiring teachers to stay after school because teachers do get professional growth points for those kinds of activities.

What I would say, though, is our approach is kind of supplemental to that approach. We do not use that. We don't have any paraphernalia, we don't burn rope or marihuana or anything like that. We don't talk a whole lot about that kind of thing.

We try and deal with the drug abuse or use as a people problem. And we approach it that way. And we try to help teachers to instill in kids the skill of making decisions, appropriate, good, healthy kinds of decisions, so that they can use those skills when the situation come up.

You have had kids up here and seen the range where one set of kids said there is no peer pressure. I think the comment maybe even came from Mr. Evans that maybe for some people, they are pretty strong and can make their own decision. I think that is a very accurate observation.

Some kids do have the skills to make choices, logical, good, well thought out choices. Other kids do not. And you heard other kids say there is a lot of peer pressure, and it is very difficult for them to make a different kind of decision.

A lot of what we do is to encourage that process of good decision-making. And that is a developmental process, that is a process where kids from the age of maybe 10, 11, 12, really start getting the skill to do that, to have a long-range kind of perspective, to understand responsibility and consequences of decisions they make.

Mr. BEARD. So in dealing with responsibilities and consequences have these teachers been prepared to get into the medical problems of it? What are you going to do to your mind as far as the effects of mentality?

Dr. PAAVOLA. They can on a small scale as much as any person can talk about that kind of thing. But it is also the kind of data that will turn off the kids because the kids see it as a smoke screen. The kids are not taking in that kind of information.

What they need to know first is the teacher is there, establishing a relationship that is a personal relationship. And they can work on people kind of issues, on helping them develop their self-concept and helping them develop their skills and giving them role models to look to and see a good, healthy, adaptive, adult they can pattern their life after. And once you get those kind of relationships set up, then the teachers can make comments like you are talking about, and the kids will listen.

They are not going to listen—well, our experience has been they are not going to listen otherwise. Just having the information will not guarantee that kids will pick up on it. And you will have also those students who are very bright like some of the ones you have had in this room who can quote you, you know, probably even more articles than you have, citing the other side of the story. And they have a very legitimate kind of case if you get wrapped up in the intellectualization of the argumentative process which, you probably are aware, adolescents are very good at.

Mr. BEARD. Do you have anything as we go along?

Mr. EVANS. No.

Mr. CARPENTIER. Dr. Paavola, could you at least give a ballpark figure on what you would feel might be a valid funding figure if you were called upon?

Dr. Paavola. Oh, we are back to funding?

Mr. Carpentier. You are giving a pretty good cause of being able to live with that.

Dr. Paavola. No, No; I am still talking about 12 to 15 schools. And these are elementary, these are mostly elementary schools we are talking about and junior high and then senior.

Mr. Beard. That is the 100 schools you are involved in?

Dr. Paavola. 166.

Mr. Beard. So, therefore, you have got 12 to 15 schools at the maximum?

Dr. Paavola. Yes, we have got about 10 percent.

Mr. Beard. Ten percent. So what is the budget? What does it cost?

Dr. Paavola. Right now, our program is running at $89,000 at 10 percent.

Mr. Beard. How much of that is—$89,000, almost all of that is local tax dollars?

Dr. Paavola. Half of it. About $49,000 comes from the city schools, which is a compilation of moneys from city and county and State funds. Another $43,000 are State dollars which come from the Tennessee Department of Mental Health which houses the single State agency in Tennessee responsible for alcohol and drug abuse moneys.

Mr. Beard. In these schools, have you ever received any resistance from students or teachers or parents who try to implement your program or this program of 115 students?

Dr. Paavola. It has got to be a yes. If I were giving away $10 bills, I would meet resistance from people, you know, saying, "What is wrong with him," or, "This money isn't real," or something. So even if I had a top program—and I don't know that I have got a top program—I know we have got a very good program.

Mr. Beard. Who are you receiving resistance from? Is there any kind of pattern that would stand out that would be a basic problem?

Ms. Crowson. May I? I think the resistance that we meet is a pretty reasonable one. One of the things we have asked of our volunteers who are people who have been trained through this Office of Education project, is to give up their whole Saturday from 9 to about 2:30 or 3 after they have taught all week, to come and evaluate their program plan, what they are going to do next, in addition to all these other things the teachers are doing in school. They still are giving extra time and involvement. They are committed to wanting things to be better for kids.

So they are doing so. When you ask why they resist, probably it is just because of the expectations that our whole system or society places on teachers. And we have asked them to do an additional thing, and they are doing it.

Mr. Beard. So it is really not a resistance as to the thrust of the program; it is resistance of time.

Ms. Crowson. Just the reality of their commitment to it. And there will probably be maybe 40 or 50 people tomorrow who will be going through this process along with 15 kids who are going to come and put on a skit to show some of the things they are doing. So they are people who are involved; but, yes, it is asking a lot.

Mr. **Beard.** What kind of feedback have you received from the teachers and parents and students in those areas where you do have the programs? Do you go and evaluate as far as asking them and talking to them?

Ms. **Crowson.** We are really trying to build a strong evaluation component into it because what we want is what is best for our kids. If we are not giving them the best service, we want to look at our program and make those changes that are necessary in order to improve it.

One of the things that is not an evaluation, the hardcore kind of that I can give you numbers, but just the fact that people stay involved after 2 or 3 years. They are still involved in the process. They are still active in their schools in different programs. They are still involved in training and contact with the Office of Education. It speaks of a commitment to me.

Mr. **Beard.** All right—when you select those teachers, how do you insure that the teachers, the counselors, or school administrators receiving intensive training on drug and alcohol abuse are the same people that would have the trust of the students? It seems like that would be very important. You take a teacher who just literally everybody cannot stand as teachers. How do you assure that doesn't happen? What kind of selection do you have?

Do you have a selection process?

Ms. **Crowson.** Well, our philosophy of prevention we are working on now with the help of the Office of Education is to develop a school team, a management team, within the school which consists of the principal, counselors, parents, and guidance counselors. And it is that team that is trained and serves as the catalyst back in the school. It is usually teachers—more teachers than other people. And that team is selected by the principal on the front. This has been our selection process.

We have looked for principals first of all who were willing to incorporate this additional program in their school and took the emphasis in training to explain the program so they would have a criteria for selecting their team members when they got back. They chose the team members.

Once the team has had training, they go back into the schools and expand. At that point, anyone who is interested in becoming involved becomes a part of the team and continues to train. And the development of the program, what we call an action plan, is designed for that school by that team.

Mr. **Beard.** All right, now, like I think the ratio of the black/white in the Memphis city schools at this time is—what?—79 percent black, 21 percent white, along that line?

Dr. **Paavola.** Seventy-six to twenty-four.

Mr. **Beard.** How do you explain the majority of students that are treated by the mental health center are white? What is the last figure?

Dr. **Paavola.** Let me respond to that two ways. The school mental health center sees 3,000 kids a year. The alcohol and drug program is a tiny part of that program. Over all, we see, about 60 percent of our youngsters are black across the school mental health center. In the alcohol and drug program, since its inception 4 or 5 years ago, well, the first person who started was black. When that staff was expanded to three people, two of the three were blacks. Now, with five, two of the five are black.

We have gone to several workshops to try and answer that exact question that you are posing, and we have not come up with a suitable answer. The black students still make up about 15 percent of our alcohol and drug caseload, and we have not been able to crack that nut. We have not been very successful.

And one of our strategies is to not spend any more energy in that particular area of treatment, but to go back to the elementary schools which are maybe predominantly black and set up some prevention programs there and see what we can do in that regard. So our prevention programs are in predominantly black schools.

Mr. Beard. Congressman Evans?

Mr. Evans. I don't have anything, Mr. Chairman.

Mr. Beard. Miss Salisbury?

Ms. Salisbury. I have just one question. Miss Crowson, would you explain the group counseling programs you have and how many schools have these ongoing programs?

Ms. Crowson. You are referring to the treatment programs?

Ms. Salisbury. The group programs in high school.

Ms. Crowson. One of the techniques we have used in our treatment component because of the number of students that are involved, the schools that are involved, and counselors, is the group process. In this, our participants are a reflection of people referred to us who have drug programs or who have referred themselves. We set up ongoing groups that meet on a weekly basis, approximately 1 hour a week, and the counselor who is involved conducts the group.

The issues that we deal with are total issues of whatever problems are going on within that group or whatever structure. We do deal with the alcohol and drug issue as one of the problems that surfaces at least to be dealt with.

As far as specific drug information as to the kids in the group, technically, we don't because, again, we find the kids know more about drugs than we do. And if you want to know just strictly by the book, pharmaceutical kind of knowledge, fortunately, there are good training programs provided by the State of Tennessee and the alcohol and drug division that helps those of us who have not experienced drugs on the street level to learn them from the textbooks.

And all of our counselors are involved in that training and also being licensed by the State of Tennessee or, it is not called license; it is called certified by the State of Tennessee as alcohol and drug counselors. So those counselors are working with those kids in the group.

We focus on decisionmaking, on considering alternatives, consequences of behavior. We support the policy as far as suspension, helping kids know there are limits they must function in as a society and if you go outside of those limits, there will be consequences. Just helping them to learn a better way to make decisions and function in school.

Ms. Salisbury. I wonder if—the students who participate in the group counseling classes, do they suggest to you and tell you drugs and alcohol have less influence in their lives after having gone through the counseling classes? Do you get any kind of feedback from students who say that?

What I am trying to get at is if it is a successful counseling program?

Ms. CROWSON. We have students who say that: that as a result of being in treatment that drugs are no longer a significant problem in their lives.

We also have students who totally resist any type of treatment and will not be involved. And since our program is voluntary, we have no way to force kids to be in treatment. We tend to keep those kids who want to get better, who want to work on problems.

One of the things we find is once a kid is involved and starts feeling better, they start feeling better about themselves, their problems are not so bad, they want to bring their friends in. And they will have other friends who want to be involved in the same process.

Probably the best people to ask that would be the kids who are involved in treatment and who have been involved in the program. What they say to us, some of them say, "Yes," of course. Some say, "No." Obviously, we feel it is working some or we wouldn't spend as much time doing it as we do.

We have found you can ask kids what they think, and they can tell you; but a lot of times kids don't really know what is best for them. And then, it becomes our decision of how to structure things that will help them to learn in spite of what they will resist.

Ms. SALISBURY. Have Dr. Herenton and some of the parents and I guess other people expressed an interest in trying to expand the programs? And why are they only in just 10 percent of the schools?

Dr. PAAVOLA. This report that Dr. Herenton presented this morning for the record includes a plan whereby it says that we will expand to all 166 schools within 5 years, starting next fall. As far as I know, there is no money available to do that.

Ms. SALISBURY. It is dependent upon whether you get sufficient funds?

Dr. PAAVOLA. Well it is dependent upon whether we even maintain what funds we have. But the other part is for expansion, there is no money that we are aware of that is coming in for expansion or that we can tap into. But in terms of the school system support on that issue, they are supportive. In terms of monetary support, it hasn't come forward.

Mr. BEARD. What has been the percentage of growth of your budget in this particular field of alcohol and drug abuse, say, in the past 3 years? Have you experienced a 20-percent growth, 10-percent growth?

Dr. PAAVOLA. Up until last November, we hadn't had any growth over that 3-year period. Then, last November, the department of mental health awarded us $20,000 to focus specifically on prevention.

Mr. BEARD. Really, that is not even enough to scratch the surface; just maybe keep the doors open. For all practical purposes, because of the budget limitations and the lack of emphasis—it is nice to talk about this drug abuse, and trying to have nice programs—but for all practical purposes, you really don't have it for the school system. You have got it for 10 schools or 12 schools.

Dr. Paavola. We have got some things that cover the school system, but intensive alcohol and drug programs are limited to those 12 or 15 schools; that is correct. Our therapy cases do cover the school system. They are available for kids throughout the school system.

Mr. Beard. How many people do you have in the therapy cases?

Dr. Paavola. Right now they are limited to about 150 a year.

Mr. Beard. 150 cases?

Dr. Paavola. Yes, sir.

Mr. Beard. In a school system that has 116,000?

Dr. Paavola. 113,000; Yes.

Mr. Beard. So really, for all practical purposes, because of budget limitations, it just doesn't seem much of an emphasis has been placed on this particular problem as you haven't received anything, any kind of increase at all in 3 years. And then, you received $20,000 for prevention, to start a new aspect of a program to a certain degree.

I just don't see how you can do anything.

Ms. Crowson. But because of those very limitations is the reason we have tried to share what we have learned with the teachers, the health——

Mr. Beard. That is what impressed me about the program that was described to us in Washington. And that is what just absolutely amazed me when I found, and everybody that testified before us said, it was a good program and yet the program had been cut to almost nonexistence. I question priorities.

Dr. Paavola. There are two issues. Part of our program, as Kay said, is learning how to do as much as you can with as little as you have. And what you do is go out and sell it to people and get them to commit all these extra hours that they work after school, and they work on weekends, and come to extra meetings. They have to draw up new plans and go to extra meetings. That is how we get it done.

We just keep borrowing people back and forth.

The other issue about priorities is in a school system this large, everything is a priority. And No. 1 is the classroom. And the kind of activities which go on in the classroom have always gone on as a base. And there are all kinds of other things that impinge on the school system.

Sometimes, I have got to be an advocate for the system as well as an advocate for our programs. I halfway understand why our priority ranks kind of low, but it is a fact it ranks low.

Mr. Beard. And yet, you are dealing with young lives that literally you just see go down the drain and in many cases can't be salvaged. I think that is the problem.

I think it has always been placed at a very low priority. And we don't see the problem getting any better. In many cases, we see it getting worse. And maybe we are going to have to redirect our priorities.

Does anyone have any more questions?

[No response.]

Mr. Beard. Well, do you have anything else that you would like to submit for the record that you think would be helpful to us not to go over verbally here, but as far as the record? If so, we almost certainly——

Dr. Paavola. The only other thing I would say is that the main group that we see with having problems is the age range from 14 to 16. There are cases of kids down in the earlier grades, but our primary caseload is 14 to 16.

Mr. Beard. Dr. Knott, come in and join us right here.

Dr. Knott. Thank you. I am sorry I'm late.

Mr. Beard. No, sir; we started a little bit early.

Let the record show Dr. Knott, medical director from the alcohol and drug program of Memphis Mental Health Institute has joined the panel.

I think we have pretty well, Dr. Knott, got most of the problems solved. We figured just, what, another $30 million or $40 million, we wouldn't have any problems.

I'm sorry, you were hitting on one point, and I got distracted by seeing Dr. Knott here.

Dr. Paavola. The one point was the emphasis on the age range that is heavily involved. And for us, that age range is the 14- to 16-year-old, although there are instances of kids in elementary school, most of the stuff in the elementary schools is inhalants, sniffing aerosol cans, gasoline.

Mr. Beard. Do you agree with the student that said the educational program should start some counseling like when they are in kindergarten and first grade? And I mean, let's start today.

Dr. Paavola. They should start something. However, it is a critical question as to exactly what kinds of things. We think because of the various stages of cognitive growth in kids, there ought to be different programs at different grade levels. So we are going after a program that differentiates its content in kindergarten versus what happens at 4th grade versus 6th versus 7th and so on.

So, yes, I agree it should start early, but what starts down in kindergarten shouldn't look like what is in the 12th grade.

Mr. Beard. Congressman Evans?

Mr. Evans. Doctor, Dr. William Howland, head of the National Institute of Drug Abuse earlier this week in testifying before the Senate Judiciary Committee testified that while there was still problems with determining the extent of damage caused by marihuana smoking that evidence made it clear that as to teenagers that there was no question that it deterred the growing up process by the escapism that was inherent in marihuana.

Would you agree or disagree with that statement?

Dr. Paavola. I would agree with that statement to the extent that it matches the category I spoke of before which are those youngsters who use chemical substances to cope. And for those kids, they do not go through the process of developing the skills to make decisions. They do not identify with good role models because the role models they identify with are not independent in the sense that they can function well in society without their crutch.

Mr. Evans. Would you think that even a strong personality who used marihuana extensively at the age of, say, 12 to 16 would be adversely affected in his maturity process by the use of marihuana?

Dr. Paavola. Well, a lot of definitions, I suppose, need to be clarified. And another factor is that I am a person who rarely takes an aspirin so I specifically feel that any food colorings, chemicals, cigarette smoke, alcohol, anything you put into your body, is going to have an effect. Otherwise, you wouldn't do it. And if you are going to use any one to a certain excess, you ought to expect some biological changes. I think that only makes sense.

To that extent, I would agree.

Mr. EVANS. Thank you.

Mr. BEARD. Let me ask quickly, before we hear from Dr. Knott, just in response to the drugs that are most often abused by students in the Memphis school systems, marihuana, without any question is the leading drug. What are you finding as your second or third biggest problem?

Dr. PAAVOLA. Alcohol second.

Mr. BEARD. Would you put alcohol over drugs or drugs over alcohol? I mean marihuana over alcohol?

Dr. PAAVOLA. Yes; marihuana is first.

Ms. CROWSON. No.

Dr. PAAVOLA. You are saying alcohol is first? [Dr. Paavola acknowledges his agreement with Ms. Crowson—misunderstood the question.]

Ms. CROWSON. Again, you are going to look at how you are going to define your problem and whose point of view you are going to look at it. It depends a lot on the perspective because when we are in training sessions with people who work with hardcore such as Dr. Knott could talk about, really what we call hardcore drug users, that is a whole completely different kind of ballgame. It is a lot of just your perspective of how you see the problem and what your environment is.

Just like the kids who were sitting here: some said none smoked dope and some said half their friends do. So it is going to be what I have found in working with kids, the really serious consequences that come to them, more of them seem to come as a result of drinking, because for the very fact we have the DWI school, the effect it has on driving, that it has in other areas.

Mr. BEARD. Dr. Knott, what drugs are most often used by your teenaged patients, would you say?

Dr. KNOTT. I would say that alcohol, we would put alcohol as the No. 1 drug. I am involved with the clinical end with two different areas. The alcohol and drug unit at Memphis Mental Health Unit is really an adult unit. We also take adolescents when they present with very serious physical dependency problems.

The adolescent unit at Memphis Mental Health Institute is another unit. We treat approximately 10 percent of the patients who go into the adolescent unit—they are referred to our unit for medical management and stabilization before they return to the adolescent unit.

Last year, this was about 12 out of 120 adolescents, adolescent admissions to the hospital. The adolescent admissions would be more if there were more beds.

Mr. BEARD. These are people who are really in rough shape?

Dr. KNOTT. People are admitted to the adolescent unit for a variety of reasons. Ninety-five percent of the adolescents who are admitted to the adolescent unit report using alcohol regularly. Many of them report a negative, particularly a negative, social experience with alcohol. Forty percent of the adolescents are given a diagnosis, either a secondary or tertiary diagnosis of alcohol abuse or alcoholism. And it is much lower than that for the diagnosis of drug abuse.

Mr. **Beard.** What would you say, give me a broad general age of these adolescents?

Dr. **Knott.** From approximately 13 through 17, some 12-year-olds. Interestingly, 25 percent, by the time the kids get to the hospital, there is a lot going on. They need to be hospitalized for psychiatric reasons that may or may not be associated with their alcohol or drug problem. But 25 percent of all of our admissions of adolescents have already had a contact with an A. & D. counselor in the school system, and a liaison has already been established.

Fifty-five percent of our admissions are adolescent admissions who are already involved in the juvenile court process. And they say that half of those, and the adolescents say themselves, have committed offenses that were alcohol related. They were under the influence of alcohol.

In terms of marihuana, I think the use of marihuana is probably widespread. I don't think that we see the clinical problems with marihuana we do with alcohol. When we do see people coming in with marihuana problems, it is a polydrug problem. It is marihuana plus alcohol plus stimulants, occasionally plus narcotics—occasionally. So it is usually a polydrug problem.

Very few people are admitted to the formal health care delivery system with just the marihuana problem. I was reading in the AMA News that in 1975, they estimated 1 out of every 17 adolescent teenagers of ages 13 to 17 were smoking marihuana recreationally. They say now it has doubled in that an increasing percentage are smoking it daily.

What we have found is our daily smokers of marihuana, when they get into the health care system, are in not only with marihuana, but with many, many other things. And we are moving toward the polydrug kind of thing where it seldom is a single drug we are seeing.

Mr. **Beard.** Would you say a lot of these have got started on marihuana and go to others? Let's say, for example, are you finding now the PCP is starting to become more of an ever-present drug?

Dr. **Knott.** Let me address myself to your first question. The drug they start out with is alcohol. And the average age that kids start drinking is 11. They say by age 13, their drinking attitudes and behaviors are fairly well set, not that they are immalleable and can't be changed, but they are pretty well set. The average age in which people are now smoking marihuana initially is beginning to drop toward that 11 age limit. But alcohol appears to be the first drug.

We have seen in the last 2 to 3 years an increase in PCP. Most of the PCP abusers will be hospitalized or come into the health care systems because of the dangers of that drug. We see two types of young people, adolescents with PCP.

We see some that are introduced to that drug unknowingly and unwittingly; they smoke marihuana, and there is PCP in it.

Those that use PCP knowingly are a very distinct part of the drug subculture. They are usually in our experience in the immediate post-adolescent period. In taking a drug history from our 18-, 19-, 20-year olds, they will say, "I started drinking when I was very young. Then

I started smoking marihuana." They probably have experimented with other drugs, but basically don't get into PCP until a little bit later.

In my opinion, PCP is the most dangerous drug that is on the streets and to which our young people and adults can be exposed. I think it is unequivocally the most dangerous drug.

Mr. **Beard.** Students were mentioning, was it, Quaaludes. We asked if they saw something that started with a chemical a little bit more powerful and more readily available. And they said that was one of the new ones and started. What do you find? I am not that familiar?

Dr. **Knott.** It is not just on the scene; it has been on the scene probably for the past 2 to 3 years. And the trends in this area in terms of drugs, we don't have the heroin problem that other cities have; we have a Dilaudid problem. And the narcotic of choice is Dilaudid which has some kind of, I think, important implications in terms of legislation.

I would suggest a couple of things that represent all of my own bias. Dilaudid, I think, should be restricted to hospital use only. Dilaudid is a powerful narcotic.

Mr. **Beard.** Is it just prescription?

Dr. **Knott.** It can be bought at any pharmacy on an outpatient basis. I am suggesting it be confined to inpatient use only because we have enough good analgesics that can be used on an outpatient basis.

Mr. **Beard.** Has that ever been discussed by anyone, the AMA?

Dr. **Knott.** Oh, yes. It is being discussed now, but on an informal basis.

And the other implication of that is one that I say with some chagrin that the source of Dilaudid is primarily from physicians. And I would suggest we saw the use of amphetamines go down when the Food and Drug Administration restricted the use of amphetamines to only one of three diagnoses. And the amphetamine prescriptions went down.

I feel we might, when we think about drug legislation, consider taking the same type approach and putting the same type of restrictions on drugs such as Dilaudid. And so it is the medical profession and not only in this city because there are others, but this city has a minimal problem with heroin at this time and a maximum problem with Dilaudid. And most of it is obtained through legal channels.

As far as sedatives are concerned, you mentioned Quaalude. Quaalude is probably the No. 1 street sedative. And it is used and abused quite abundantly by the adolescent population. Probably more information on Quaalude needs to be disseminated to everybody.

It wasn't until 1974 that the American medical literature began to say Quaalude is addictive, Quaalude produces dependency, Quaalude is a dangerous sedative, although one can find it in the British literature, in the Japanese literature, in the late 1960's. But since 1974, people have recognized the dangerousness of Quaalude. And I think it relates an example that we have yet another sedative on the market about which very little is known.

So it is the Dilaudid that is the narcotic problem, Quaalude; second is Valium, but first probably Quaalude in terms of drugs of abuse.

But I would reemphasize again, at the top of that list, I would put alcohol.

Mr. **Beard.** Congressman Evans?

Mr. EVANS. Dr. Knott, in working with teenaged patients who use marihuana, have you had any clinical evidence of paraquat being on the marihuana in any significant amounts?

Dr. KNOTT. No; we have not.

Mr. EVANS. You are not finding any at all in this area?

Dr. KNOTT. When we have looked, we have not found any. We occasionally do sample tests on them, and we have really not found any paraquat in this area.

Mr. EVANS. OK. Thank you.

Mr. BEARD. I think your point is excellent. We are going to look into that regarding the confining of it to hospital use only. I think that is a very good suggestion.

It seems that the AMA or medical profession probably really in seeing how the society is getting out of hand with the drug-oriented society, there are probably other drugs like that that could be confined somewhat or restricted somewhat; would that not be difficult to do? Would that be a safe assumption?

Dr. KNOTT. Yes. I think we could even fantasize further in terms of beginning to place some restrictions on the development of and the sale of the new drugs that fall into the same class, that offer no more benefit than the existing drugs.

Physicians are being flooded with new drugs of the sedative classes, the benzodiazapine class, the Valium, Librium class. We don't need any more benzodiazapines.

I know that gets into a sticky area between Government and private enterprise. But I think some major moves like that will be required before we are going to begin to feel an impact. And we know for certain that addiction or physical dependency is in part dependent upon the availability of the drug.

Mr. BEARD. Yes; it seems like, too, it could really have a great deal of credibility coming from a task force set up by the AMA or professional field along that line which would probably have much more knowledge. And the last think you want is a congressional committee to get toed into that. You would really be bound up unless we had strong support.

Dr. KNOTT. I think you would have. I think the congressional committee could certainly be a catalyst for that type of thing.

Mr. BEARD. Maybe we will look into this.

Mr. EVANS. Dr. Knott, what is your opinion of the methadone treatment program? And do you think it is effective? And if not, why not?

Dr. KNOTT. I will speak to you from the vantage point of being the director of one or two methadone programs in Memphis. The methadone program still by the Federal Government is considered to be experimental. There is a second program at the VA, and the VA runs their own methadone program.

I think the original concept of why methadone maintenance should work is totally false. And that is that if you give—if you substitute a drug—enough of the methadone, it blocks the effects of other narcotics and, therefore, people won't take narcotics. The biological theory has been proven to be false. It depends on whether you subscribe to the attitude of substitution addiction.

I feel that our methadone program—and I am speaking of our own—has met with some success. It is a low-dose maintenance program. It concentrates far beyond giving the methadone. It involves casework and social work, psychological evaluation, counseling, marital counseling, and it is not the type of clinic where you come in and get your methadone and leave, and nothing else happens.

We have some rather strict clinic rules. The client will have to be working or in school within 3 months or they are administratively detoxified.

But I will tell you what I feel the advantage of methadone maintenance is.

Mr. BEARD. Administratively——

Dr. KNOTT. That means the staff decides to detoxify the patient, to get them off the methadone. They say, "No more; you are not going to get any more." And it takes a period of 2 to 3 weeks to do that.

Mr. BEARD. To do what?

Dr. KNOTT. If it is done properly, it is not. It is not that difficult to detoxify patients. The value of a methadone program is that people in essence are pharmacological captives. They are exposed on a frequent basis to a staff, and I think successes of methadone programs depend on the quality of staff/client interaction and the kinds of other services that are offered to the client.

I felt for a long time that it is very easy to get people off narcotics, and it is not the narcotics so much that they are addicted to. It is the lifestyle. It is the sociocultural aspects of the drug culture to which they are addicted. And it is the process of resocializing the narcotic addict that is the hard part. Methadone does not do that.

Mr. BEARD. Very interesting. I am sure that is definitely a problem of education in alcohol as far as the social.

Dr. KNOTT. Yes. Less so than with narcotics. Narcotics are not that prevalent. We are not in a narcotic culture; we are in a drinking culture where the use of alcohol is promoted, condoned, and it is easier to find some alternatives. And there are fewer boundaries on the alcohol culture because it is so pervasive.

In the drug culture—and there are different ones—there is a PCP subculture, narcotic subculture, a stimulant abuse, amphetamine and Preludin subculture. And they have boundaries around them. It makes it more difficult to get through that barrier and get them out of that subculture very frequently.

Mr. EVANS. Let me ask you another question. Have you had any experience with, I think it is, clanidine hydrochloride?

Dr. KNOTT. Yes.

Mr. EVANS. In the treatment of narcotic patients?

Dr. KNOTT. Yes. Clanidine is marketed as an antihypertensive drug. The trade name is Catapress. We have applied for and are receiving an IND number to use it in our methadone program and also to detoxify narcotics addicts. We have preliminary data to support it does work.

There are all kinds of speculations of why it works; that it involves brain biochemistry, but it does work clinically. Anytime you have a narcotics addict who is withdrawing, that requests clanidine, that has no psychoactive effect, you know it works because they want it. It shortens the period of detoxification and makes withdrawal much easier.

I feel that clanidine should be investigated along those lines, and that investigation should be supported because I think it will be very,

very helpful to those clinics, those areas, that are treating narcotics addicts.

Mr. EVANS. Do you think that should be a top priority of NIDA or some other Federal agency?

Dr. KNOTT. Yes. I think NIDA should push research for that. I think they should send out RFP's and support on a grant basis a number of different studies. And they are not that difficult to do. And they should not be that expensive.

Dr. EVANS. Thank you.

Mr. BEARD. Any other questions?

Mr. CARPENTIER. Dr. Knott, would you see any worth to a training program for teachers as far as drug awareness is concerned? Some of the educators thought perhaps one might have to be a bit more sophisticated to pick up.

Dr. KNOTT. Yes. I think when one talks about training programs for teachers, one must encompass not only cognitive kinds of things like knowledge, a knowledge base, but also attitudinal parameters.

You can train a teacher to teach about alcohol and drugs but if that teacher happens to have a husband/wife who is alcoholic or a husband/wife who is a drug addict, she/he can have all of the fund of knowledge possible—and the attitude that they have toward this population will come through on the way it is presented.

So I think training in both the cognitive and attitudinal areas is important. And I think we must assume that just because teachers go to a training course does not necessarily qualify them to teach this type of material.

I would want to add also that we talk about teachers and talk about training and teaching children from the elementary grades on. And I really believe in that. I think we must not leave out the parents. I think the data support that the role models the parents present to the children is critical. We talk all the time about peer group—peer group is secondary. Peer group is a secondary influence because children enter adolescence, and they begin to formulate attitudes toward drugs and alcohol as early as age 8 or 9.

That's when peer group influence is not that strong. When they enter adolescence, they frequently will seek the peer group that supports the attitudes that they have developed and the behaviors they have developed.

I would not want to leave out the parents. When we talk about teaching students, I think the parents ought to be involved in that.

Mr. BEARD. Very good point.

If there be no further questions, let me once again thank you for taking the time to come out here. I think you have added a great deal to the hearings.

And if there is no further statement by anyone, the committee will recess until 9:30 tomorrow morning at which time we will have the first panel. Judge Kenneth Turner, juvenile judge, Shelby County.

[Whereupon, at 4:30 p.m., the meeting was recessed, to reconvene at 9:30 a.m. on Friday, January 18, 1980.]

OPENING STATEMENT OF HON. BILLY LEE EVANS, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF GEORGIA

Let me say first that you should be congratulated on having this hearing on what I feel is one of the most important problems that face this Nation of ours. The youth of today demand that we address this problem and not continue to act as though it does not exist. It should be noted that this is only the second hearing on drugs in the schools. The first was in New York City, and the reason this hearing is being held is only through the insistence and perserverence of Robin Beard.

Today and tomorrow we will hear from your school administrators; law enforcement and juvenile court officials and other informed and interested members of your community. At the conclusion of these hearings, it is our hope that a better understanding of the drug culture in this area, as it affect the youth will be by us all.

For those of you that come here and expect great words of wisdom, and instant solutions to the drug problems that are infesting your schools, I feel you will be very disappointed. If this committee can finish this hearing and know that a better understanding of the drug problem that confronts not only the students, but their teachers, and parents, has been attained, I for one will feel that we have taken the first and most important step toward the future elimination of drugs from all of our cultures.

Thank you.

OPENING STATEMENT OF HON. ROBIN L. BEARD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF TENNESSEE

As both an elected official and the father of two young children, I have been quite concerned for several years about the increasing number of our young people who are using marijuana and other drugs on a regular basis.

Thanks in large measure to the pervasive ignorance on the subject of marijuana and health, the young people of our country are today caught up in the most massive adolescent epidemic of marijuana and hashish use in history.

According to an official government report, in 1977 more than 4 million young people, aged 12 to 17, were current users of marijuana. Dr. Lloyd Johnson of the University of Michigan reports that, in 1978, 11 percent of high school seniors were using marijuana daily—almost double the percentage of daily users in 1975.

Across the country, the epidemic has spread down from high schools to the junior high and grade schools so that today there are thousands of sixth, seventh, and eighth graders smoking marijuana on a daily basis—sometimes 5 or 10 joints a day.

Since the early 1970's, scientific evidence has been accumulating that regular marijuana use poses serious dangers, medically and psychologically, to the user. A number of researchers have reported evidence that marijuana smoke damages the pulmonary system more rapidly and even more gravely than tobacco smoke. There have also been repeated reports of damage to the reproductive system, including a reduced ability to produce sperm, the production of sperm of abnormal chemistry and shape, a reduced rate of ovulation and abnormal egg cells, and a 47 percent death rate—prenatal and natal—for the offspring of marijuana-exposed monkeys. There is also ample evidence of temporary and perhaps irreversible brain damage in humans from heavy marijuana use.

And then there's the devastation the Marijuana epidemic has wrought in our classrooms. Absenteeism has soared; discipline has become impossible to impose; students sit in their classrooms unable to focus or to remember what they have been taught. In their preteen years, they are already copout from society.

Unfortunately, our young people know nothing of all this evidence. Because there has been no effort to present the facts to them, most of them are inclined to believe that marijuana is harmless, and a lot of them believe that marijuana is downright healthful—that it sharpens the eyes, helps to prevent lung cancer, increases their awareness and all other kinds of myths.

The failure of federal drug-related agencies to develop any meaningful educational material on marijuana has been profoundly disappointing. Excuses given in the past were that we had no scientific evidence on marijuana that would be credible with young people and that any attempt to scare young people by telling them that marijuana would harm their health would only be counter-productive because it would excite their curiosity.

I do not buy this argument.

Recently, NBC produced a 1-hour documentary called "Reading, Writing and Reefer" that had a profound impact on teenage smokers and non-smokers of marijuana and their parents. It destroyed the myth that credible educational materials cannot be produced.

I have also heard many witnesses testify before this committee that drug education materials now being produced by our Federal Government are practically non-existent or are so poor that they don't have any credibility with young people.

I want to emphasize that the purpose of this hearing is not to uncover any drug rings in Memphis nor is it to question why there hasn't been more effective enforcement of marijuana and drug laws.

Rather, we're here to learn just how widespread drug use is among the young people in Memphis and Shelby County, the prevailing attitudes of young people here toward the use of marijuana and other drugs, and what effect, if any, drug education programs are having on those attitudes.

In the NBC documentary I spoke of, Narrator Edwin Newman wound up his commentary by stating "it is not the children's fault they don't know these things about marijuana. It is the fault of our government, of our schools, of all of us."

I share this view, and I personally feel it is long past time we did something to enlighten the public, especially our young people, about the possible effects of marijuana and other drugs on their health. It's about time that those who have the responsibility for drug education in our schools stopped telling us that no conclusive scientific evidence exists on the harmful effects of marijuana and that credible educational materials can't be produced.

With its highly successful campaign educating the public on the health hazards of smoking tobacco, our Federal Government proved what can be accomplished when the commitment is there.

I think we need a stronger commitment to drug education by our Federal Government. With "Reading, Writing and Reefer," NBC proved how much can be done in the field of drug education, and I think we need more of it.

PREPARED STATEMENT OF JOSEPH A. CLAYTON, PRINCIPAL, BRIARCREST BAPTIST HIGH SCHOOL, MEMPHIS, TENN.

PROFESSIONAL DATA

I have served for over a quarter of a century in the public and independent school systems of the Memphis, Tenn., area. For 20 years I served in the public school system of Memphis and Shelby County: serving for five years as teacher and coach, for two years in the U.S. military, for three years as assistant principal and guidance counselor, and for ten years as principal (serving in two different high schools.) For the past six years I have served as Director of Secondary Education for the Briarcrest Baptist School System and as principal of the high school operated by the school system. I have been active in various organizations of school administrators on local, state, regional, and national levels.

THE PROGRAM AT BRIARCREST HIGH SCHOOL

The Briarcrest Baptist School System opened Briarcrest High School in September, 1974, to provide grades 9 through 12 to the school system which was already operating grades 1 through 8 in satellite centers in areas of east and northeast Memphis. The high school seeks to provide an academically excellent Christian education for its students. Students who attend the school receive a college-preparatory curriculum and a wide-range of student activities. The vast majority of the co-educational student body comes from the Shelby County/Memphis area, although students from without this geographical area have attended the school. The academic program is fully accredited by the regional accrediting agency. Tuition costs are about $1200 per year. Current enrollment for grades 9-12 is approximately 1370.

There is no drug abuse problem at Briarcrest. In the six years of operation of the school, only about ten students have been terminated from the school system and placed in the custody of the officers of the Metro Narcotics Unit. Of those ten cases, five were in the first week of operation of the school in 1974 and involved one student selling pills to four other students. The other five cases were isolated cases involving the use of marijuana.

Without variation, each case is handled according to School System policy which says:

"Any student under the influence of non-prescribed drugs, any student having possession of illegal drugs, any student using drugs illegally on school premises or at school activities, or any student selling drugs shall be terminated from the school system and shall be turned over to appropriate law enforcement personnel."

The fact that our school is a Christian school does, indeed, play some significant part in deterring drug-related problems. Our students and faculty operate within an atmosphere of caring and concern; they are sensitive to each other, and there are ample opportunities for communication before traditional "youth problems" result in the use of drugs. Additionally, the peer influence of our students is more positive than that which you would expect to find in a "typical" high school; this positive influence is encouraged and enhanced through weekly chapel programs, homeroom devotional programs, and careful supervision of student activities. Through health and biology classes, our students learn of the body as the creation of God; and they are taught—factually—about bodily harm from such things as tobacco, alcohol, and drugs.

At Briarcrest we have not chosen to involve community law enforcement personnel in school-wide assemblies on the subject of drug abuse. It has been the experience of the administrative staff from past associations in other schools that police-officer-directed assemblies on drugs ultimately resulted in an increase in drug problems following the assemblies, because of the "challenge" nature of student bodies to experiment after such presentations. Law enforcement personnel have been used in our school to provide meetings for faculty members to give them professional guidance about what a teacher should look for in identifying drug abuse in students and other matters. These presentations have been most effective.

As a series of general observations on this problem, I would like to offer these thoughts:

1. No school administrator can truthfully state that a school is "free from drugs." The mobility and freedom of our society and decreasing parental influence and involvement in specific matters of the life of today's youth make the possibility of drug use a potential that is always present in any school or similar institution.

2. Peer influence is a major force in students' choices to use illicit drugs or other substances.

3. The lack of conclusive scientific evidence about the dangers of drug abuse has played a continuing part in preventing caution in experimentation, and, later, in continued use of drugs. Adult attitudes about the officially-recognized dangers of tobacco and the continuing legal advertising of alcohol and tobacco products simply serve to cast drug-related warnings in a hypocritical light depending on age, ethics, and personal focus.

PREPARED STATEMENT OF WILLIE W. HERENTON, SUPERINTENDENT OF SCHOOLS, CITY OF MEMPHIS, TENN.

Aproximately six years ago, the Memphis City Schools began a formal Alcohol and Drug abuse program. The program has grown from one full time staff member (summer of 1974) to three full time staff and a clinical supervisor (¼ time) as of October, 1979. The emphasis has shifted from being primarily a counseling program to one consisting of both counseling and prevention/education.

During the spring of 1978, Ms. Black wrote a series of articles about drug abuse in the Memphis City Schools. Although the articles were limited in focus to a few students in a very small number of Memphis City Schools, they raised several questions regarding drug use in all schools in Shelby County. In response to these questions, I convened a task force to:

(1) Analyze the drug and alcohol abuse problems in the Memphis City Schools,
(2) Develop a policy statement on the use of drugs and alcohol in the schools,
(3) Develop a prevention/education program, and
(4) Survey selected school systems across the country to determine their approaches to the drug abuse problem.

The information obtained from these sources (teachers, parents, principals) plus the data gleaned from a survey of 260 students was consistent with national statistics. There was indeed a problem of alcohol and drug abuse by our students. However it was not of the magnitude of that found in large urban school systems. Plus the fact that actually very little abuse was occurring in the schools. In that sense, it is similar to a multitude of problems that children and teenagers face but in which the schools play a minimal role (e.g., suicides, pregnancy, venereal disease, hunger, social/emotional deprivation . . .).

Memphis City Schools policies were reviewed and slight changes were recommended in an effort to eliminate alcohol and drug abuse on school grounds.

At that time the Memphis City Schools Mental Health Center Alcohol and Drug Abuse program had already made tentative plans to launch an alcohol and drug abuse prevention/education program in 12 schools. A recommendation of the task force was made to support this pilot program as a forerunner to a five year plan to incorporate the prevention/education program in every school in the Memphis City Schools system.

STATUS (JANUARY, 1980)

(A) *The problem.*—The pattern of substance abuse is essentially unchanged. Marijuana continues to be the primary drug used. Alcohol is used more frequently on weekends. Although it does exist, there is relatively little use of hard drugs, pills, PCP, or coke. Quaaludes are used occasionally. Overall the use of alcohol and/or drugs at school has decreased. The 14–16 year old group continues to be the major source of referrals to the Memphis City Schools Mental Health Center Alcohol and Drug Abuse team (135 counseling cases thus far this year—up slightly—15 percent black; 85 percent white).

Board suspensions are almost identical in number in August-December of 1978 and in the same period 1979 (50 percent black; 50 percent white). The incidence of alcohol related suspensions has doubled from 29 to 58. The incidence of drug related suspensions was 148 in 1978 and 149 in 1979.

(B) *Prevention programs.*—The Alcohol and Drug Abuse prevention/education program of the Memphis City Schools is being used as a model in the United States Office of Education's Southeast Region.

The proposed pilot project referred to above was carried out in 9 schools (7 elementary, 2 secondary). It is essentially a problem solving mechanism which the schools are able to identify specific problems in their school and set about the task of working on them.

The Memphis City Schools Mental Health Center Alcohol and Drug Abuse program conducted:

(1) An inservice program for secondary guidance counselors working with students who are abusing substances.

(2) Alcohol and Drug education classes for parents (October and February).

(3) Alcohol and Drug education classes for community groups (4).

(4) Alcohol and Drug education classes in Health classes (15).

(5) Alcohol and Drug education classes for junior high school faculty group (4).

(6) Curriculum training for social studies teachers.

(7) Curriculum training for physical education teachers.

(8) Presentations for Memphis State University classes.

In November, 1979 we obtained a $20,000 expansion grant from the Tennessee Department of Mental Health/Mental Retardation specifically to work on alcohol and drug abuse prevention and education calls for programs at kindergarten, 5–6 grade, junior high and senior high levels). This has brought our Alcohol and Drug Abuse program to 5 full time staff plus ¼ time clinical supervision.

All prevention programs will be evaluated during this second semester.

The U.S.O.E. training and consultant grant was renewed October 1, 1979. However, there was a reduction in the funding.

(C) *Funding.*—The Memphis City Schools Mental Health Center Alcohol and Drug Abuse program funding sources are as follows:

Memphis City Schools	$46,550
Tennessee Department of MH/MR	43,000
Total	89,550

Plus a small U.S.O.E. consultant and training stipend estimated at $5–7,000.

FUTURE

(A) *Problem.*—The extent to which alcohol and drug abuse/use is ingrained in our culture leads us to conclude that any changes in substance abuse will come very slowly. Although exemplary in many respects, our Alcohol and Drug Abuse program is quite small.

(B) *Prevention program.*—Plans are already on the drawing board to expand our prevention pilot project to an additional 12–24 schools this summer. The Alcohol and Drug Abuse program is attempting to develop a curriculum which would cover grades Kindergarten to 12.

(C) *Funding.*—Funding in education is typically unpredictable. We have concerns about even maintaining our present funding level for next year. We are not aware of the availability of any expansion funds.

PREPARED STATEMENT OF WARD HARVEY, SUPERINTENDENT OF SCHOOLS, SHELBY COUNTY, TENN.

I am often asked the question, "Do you have a drug problem in the Shelby County Schools?" My answer to this question has to be "yes". Usually I am then asked, "How serious is the problem?" My answer, "Very serious." At this point, I would like to clarify both of these answers with a simple statement. If there exists but one student in a school who uses, possesses, or is in any way affiliated with illegal drugs, then you have what I consider a serious drug problem. In my opinion, we have for too many years attempted to determine the degree of seriousness of illegal drugs on the education scene by percentages of students involved in illegal drugs as compared to students not involved. We, in education, realize and are well aware that illegal drugs found within a school system will vary from school to school and age group to age group.

Where do most drug problems occur? As you might expect, at the high school level. However, use of drugs by those students in the upper elementary grades is now on the increase which is a most alarming factor to me. Illegal drugs seem to be more prevalent in two types of high schools:

1. Schools with a student body from a high socio-economic background.
2. Schools with a student body that is very transient. Shelby County has schools of both types and we are aware that illegal drug problems exist in both. Drugs exists in the two types of schools I have mentioned in greater proportion than in other types of schools for very simple reasons. Drugs are expensive and students must have money to purchase them; as a result, you find more students involved in drugs that come from families with a good financial background. The second school mentioned was one with a transient student body; this type of student body lends itself to illegal drugs in that it is difficult for the school administrator to really know the individual student due to the continual turnover in the student population. This type of school also seems to have continual source of illegal drugs available. Also, in this type of school you will find more drugs being sold on campus by students to other students.

If anything good is appearing on the drug scene, it would have to be the concern of some students concerning drug traffic among the student body. In past years it was virtually impossible to secure any information pertaining to drugs from students whether they were involved or not in illegal drug traffic. It appears at the present time that this situation is taking a different trend in some schools and students are actually volunteering information to school authorities on illegal drugs—to me this is most encouraging.

In the drug problem, as in many other problems, the overall general opinion of the public seems to be that the schools should be held accountable for elimination of the problem and control over it. I can assure you we are concerned and doing our best to eliminate drugs in the school; however, this problem goes far beyond the school. In many instances drugs are purchased off campus, taken off campus and the after effects show up at school which places school authorities in a situation of which they really have no control other than apprehension of the students and cooperation with law officers at that point, which we do. Our policy on illegal drugs is a firm one with regulations for enforcing it being very definite; however, the only alternatives left to the school for student use of illegal drugs is suspension or exclusion from school. Suspension in many instances has little if any affect and exclusion is most difficult, considering the compulsory attendance law, especially when students, ages 14 through 16, are involved unless they have been habitual offenders.

Drug education appears to be a logical solution to this problem, however, strong enforcement of existing laws must be a part of the overall solution with court action taken. At the present time, the Shelby County Board of Education has an active committee chaired by a Board member seeking causes and possible solutions to this problem. The committee is composed of Central Office Administrators, Board members, principals, teachers, students and parents.

The problem of illegal drugs in today's schools will not be an easy problem to solve, it will not be solved immediately nor will it be solved in the schools alone. The ultimate goal of eliminating illegal drugs from the schools may be obtained only when there is a concerted effort by parents, students, schools, law enforcement agencies, the courts and community as a whole. I feel we are moving in this direction. We have received excellent assistance from the Shelby County Sheriff's deputies that have been placed in each of our high schools and are available and on call to our elementary and middle schools. In a joint program with the Shelby County Health Department we now have a nurse in each high school for consulting purposes and emergency situations. These nurses also serve our elementary and middle schools. In short, the co-operative effort has started to eliminate drugs as evidenced by our presence here today, but this is only a start, however, we ali recognize that we and I repeat we have a serious drug problem—not just the schools.

PREPARED STATEMENT OF JERRY W. MURPHY, HEADMASTER, COUNTRY DAY SCHOOL, MEMPHIS, TENN.

As an educator for approximately twenty years, I am acutely aware of the increase in the problem of drug abuse among our school age population. My experience in the field of education includes fourteen years with the Memphis City School System as a teacher and coach, as well as eight years as an elementary school principal. For the past six years, I have served as Headmaster of Country Day School, a small private school in east Memphis, serving students in grades one through twelve.

Fortunately, during the time I have been an administrator at CDS, we have not had any suspensions or expulsions of a student for being under the influence of drugs or having drugs in their possession. However, I must admit that, in all honesty, I suspect that a small minority of our students have experimented at one time or another, with drugs, especially marijuana, off campus.

I attribute the lack of a drug problem on campus at CDS to a number of factors. First, being a private school, we can be selective in the admission of our students. Through our screening process, we automatically deny admission to those students who have been suspended or expelled from another school for drugs or behavior problems.

Second, and perhaps most important of all, is a strong disciplinary policy clearly stated in our student handbook. These rules and regulations are made clear to parents and students at the beginning of the year on orientation day. Some of these rules are as follows:

1. Any student having in his possession or being under the influence of drugs will be automatically expelled.
2. Students who are ill and require any type of medication, even though it is prescribed by a physician, must bring a note from the parent stating the type of medication, dosage, etc. The medicine is kept in the school office and administered under the supervision of office or staff personnel. Not even an aspirin is to be taken except under the above mentioned conditions.
3. Students who drive to school are not permitted to loiter in or around their automobile once it has been parked on campus. A student is not permitted to return to his car during the regular school day without written permission from the school office personnel.
4. Students are not allow to smoke on campus or to have cigarettes in their possession.

Third, the cooperation of the faculty and staff is of great help in preventing a drug problem from occurring on campus. During class change, faculty members patrol the halls and restrooms. Also, during lunch, students are under the direct supervision of faculty members.

As an educator, I firmly believe that education regarding drugs should begin at a very early age. Toward that end, plans are being made to initiate a drug awareness program beginning at the first grade level. Prior drug education in our school has been confined mostly to classroom discussion and the availability of information such as films and printed matter. It is our desire to enable the student to come to his own realization of the potential harmful effects, both physically and mentally, of the use of drugs.

In summary, my belief is that a strong disciplinary policy, coupled with a drug education program for faculty and students, can be a major factor in aiding the educational institution in its effort to combat drug abuse among our student population.

PREPARED STATEMENT OF GAYLE E. RUHL, SPECIAL-AGENT-IN-CHARGE, MEMPHIS RESIDENT OFFICE, DRUG ENFORCEMENT ADMINISTRATION, U.S. DEPARTMENT OF JUSTICE

Mr. Chairman, Members of the Select Committee on Narcotics Abuse and Control: Thank you for this opportunity to appear before you to present the Drug Enforcement Administration's (DEA) perspective of the drug abuse and enforcement situation here in Memphis.

I am Gayle E. Ruhl, Special-Agent-in-Charge of the DEA Memphis Resident Office. This office is a part of the Southeastern Region (directed from Miami, Florida), and reports to the Special-Agent-in-Charge of the Atlanta, Georgia, District Office. In addition to me, the Memphis Resident Office is staffed with two Special Agents, and one Office Assistant. The DEA compliance function for the State of Tennessee rests with the Nashville Resident Office.

Geographically, the office is responsible for the western portion of the State of Tennessee commencing at the Tennessee River. The balance of the State is under the jurisdiction of DEA's Nashville Resident Office.

The Memphis Resident Office has been designated as a representational office. As such, in conformance with DEA and regional policy, we maintain liaison with State and local enforcement and regulatory agencies; develop, utilize and distribute intelligence data on illegal drug activity within our area of responsibility; and conduct criminal investigations of illegal drug activities, with a primary emphasis on Class I and II violators.

Because of the population density in the Memphis/Shelby County area, the major portion of our resources and manpower are expended there. In the greater Memphis area, the DEA Memphis Resident Office generally works jointly with the Shelby County/Memphis Metro Narcotics Unit. This Unit is comprised of members of the Shelby County Sheriff's Department and the Memphis Police Department. The Unit members are well-trained and highly efficient. The solidarity of the Unit is an enviable asset and a testament to the significant results obtainable from cooperative, rather than competitive, efforts.

Six members of the Metro Narcotic Unit have attended the DEA Ten-Week Narcotic Drug Enforcement Academy. Every member of the Unit has participated in a DEA Two-Week Narcotic Officer School. Six members have attended a DEA Conspiracy School and another has attended a DEA Compliance Officers Seminar.

The success that DEA has realized in the Memphis area can be attributed, to a large extent, to the cooperation and participation of the Metro Narcotic Unit. Not only has this Unit made its manpower and resources available to DEA, but there is also a free exchange of intelligence on a regular daily basis.

Requests for assistance from local law enforcement agencies in the other areas of Western Tennessee have been at a minimum and generally have concerned local trafficking in small quantities of marijuana. The Tennessee Bureau of Investigation is well-represented in these areas and is quite cooperative with and supportive of the local agencies. Although the DEA Memphis Resident Office finds itself acting in more of an advisory role to the smaller local enforcement agencies, we do become an active participant, contributing manpower and resources as the need arises.

For example, in May 1979, Special Agents of the Memphis Resident Office, working with members of the Martin Tennessee Police Department, the Weakley County Sheriff's Department, and the Tennessee Bureau of Investigation concluded a five-month investigation of a clandestine poly-drug laboratory which had been operating in Martin, Tennessee. Laboratory equipment, various processed drugs, and a large quantity of precursor chemicals were seized and the laboratory owner/operator was arrested. He was later convicted in Federal court.

Additionally, the DEA Memphis Resident Office participates in the Tennessee Law Enforcement Training Academy by providing in service training to all law enforcement officers in Western Tennessee.

Western Tennessee is experiencing a drug abuse problem. Alcohol, marihuana, and diverted legitimate drugs—in that order—are the major problems in most of the communities. Cocaine and "speed" (amphetamine and methaphetamine) are generally found in only the more populated areas, such as Jackson and Memphis.

Heroin is becoming rare. The number of drug transactions involving heroin known to DEA and the Metro Narcotic Unit has decreased dramatically. The quantities involved in each transaction have also diminished. The street-level purity of heroin in this area is at or below the national average. The most prevalent narcotic addictive-type drugs available to the abuser are hydromorphone (Dilaudid), meperidine (Demerol), and oxycodone (Percodan). Methaqualone (Quaalude) is also readily available.

These drugs are being made available to the abuser through the indiscriminate dispensing practices of many physicians and dentists. Nationwide, the vast majority of physicians, dentists, and pharmacists are not contributing to the illicit drug problem. In Memphis, the majority of the physicians and dentists involved are not guilty of "criminal diversion," but are either ignorant of the abuse potential of these drugs, or are indifferent or apathetic, and thus they act with disregard for the safety of their patients and the general public. The relative ease with which prescriptions for Schedule II narcotics can be obtained certainly explains the lack of demand for heroin in the Memphis area.

The news media has reported several instances of arrests and/or investigations concerning dispensing practices in the Memphis area. At the present time, the DEA Memphis Resident Office, working in cooperating with the Metro Narcotic Unit, the Shelby County Attorney General, the U.S. Attorney's Office, the Tennessee Bureau of Investigation, and several of the Tennessee regulatory agencies, is devoting a considerable portion of its resources and manpower to investigating the diversion of legitimately manufactured controlled substances.

Mr. Chairman, this concludes my formal remarks regarding the situation here in Memphis. We are cognizant of the dimensions of the problem we are facing and are fortunate that the law enforcement community here is united in its approach and response. Gentlemen, I appreciate your interest and concern about the drug enforcement problems here. Thank you.

PREPARED STATEMENT OF JOSEPH L. COX, INSPECTOR AND COMMANDER, METRO NARCOTIC UNITS, MEMPHIS, TENN.

I am Joe L. Cox, Inspector and Commander of the Metro Narcotic Unit. This Unit is responsible for drug enforcement in Memphis and Shelby County, Tennessee, and reports directly to the Chief Deputy of the Sheriff's Department and the Chief Inspector of Special Investigations, of the Memphis Police Department. The Metro Narcotic Unit has a staff of 23 sworn officers, plus secretarial. and undercover officers. Eight of the officers are Sheriff's Department personnel and 15 Memphis Police Department personnel.

Geographically this Unit is responsible for drug enforcement of an area 783 square miles with a population of approximately 800,000 people. Shelby County is located in the southwest part of Tennessee, bounded on the west by Arkansas, on the south by Mississippi, on the north by Tipton County, and the east by Fayette County. The density of the population varies from heavy populated areas to thinly populated rural areas.

The Metro Narcotic Unit was formed in January 1971 by the past Sheriff Roy C. Nixon and the past Chief of the Memphis Police Department, Henry Lux, and has been supported since then by the present Sheriff, Gene Barksdale, and Police Director, E. Winslow Chapman. The reason this Unit was formed was that it was felt that one Unit would be much more effective and efficient in enforcing the drug laws of the State of Tennessee than two Units working separately. The formation of the Metro Narcotic Unit eliminated the problem of duplicate drug investigations, enabled us to pool manpower, equipment, intelligence information, and money to become a more effective Unit to combat the flow of illicit drugs in Memphis and Shelby County. I was placed in command of this Unit in January 1971, and Capt. W. P. Sharp, of the Memphis Police Department, is the Assistant Commander, and has done an excellent job.

The responsibility of the Metro Narcotic Unit is to enforce the Tennessee Drug Control Act of 1971. The emphasis is placed on identifying and arresting the persons who are illegally distributing drugs in our jurisdiction. This Unit cooperates very closely with local, state, and the Drug Enforcement Administration in order for all of us to easier accomplish our goals. We have a very close working relationship with the local Drug Enforcement Administration which includes sharing equipment, personnel, and informants. This Unit depends on the Drug Enforcement Administration's Police Training Schools to train and update training for our officers.

The Metro Narcotic Unit, in addition to the enforcement responsibility, does have Lt. V. L. Lane, of the Memphis Police Department, and Sheriff's Reserve Officer John Leflar, assigned to public relations. These two officers are very knowledgeable regarding drugs and their effects and make numerous talks to various schools and civic organizations upon request. These officers do not use scare tactics, only present the facts, then it's up to the listener to make his or her decision. These officers are also responsible for an exhibit each year at the Mid-South Fair where drugs are displayed and literature is passed out.

The funding of this Unit does not consist of any Federal Funds. The salaries of the personnel assigned to the Metro Narcotic Unit are paid by their respective Departments. The funding of undercover operations, undercover officers expenses, undercover drug purchases, informants, and equipment is paid for out of the Metro Narcotic Enforcement Fund.

The Metro Narcotic Enforcement Fund was created in 1975 by State Statute which authorizes that all drug fines and forfeitures revert back to the arresting agency to be used in drug enforcement. I am proud of the fact that this law was my idea and Sheriff Roy C. Nixon was instrumental in getting the legislature to pass it. Tennessee was the first State to pass a law, where the drug offender actually paid for part of drug enforcement. This law has been the lifeline of the Metro Narcotic Unit.

The drugs of popularity in the Memphis and Shelby County area in 1979 are as follows. This is based on the arrests of 1923 persons on drug charges: (1) Marijuana, (2) barbiturates and depressants, (3) narcotics, (4) amphetamines and stimulants, (5) prescription fraud, (6) legend drugs, and (7) hallucinogenic.

The number 3 ranking of Narcotics primarily consists of Dilaudid, Demerol, Percodan, and Cocaine. Heroin is encountered rarely as only 11 persons were charged with Heroin violations in 1979.

The drugs of popularity of juveniles in 1979, according to our arrest statistics, are as follows. This is based on the arrests of 308 juveniles on drug charges: (1) Marijuana, (2) barbiturates and depressants, (3) toxic solvents (lacquer and paint thinner, glue sniffing), (4) hallucinogenic, and (5) 3-way tie with legend drugs, prescription fraud, and narcotics. The only narcotic drug involved with juveniles was Cocaine.

The Memphis and Shelby County area does have a drug problem with marijuana leading the way. The other drugs involved are primarily legitimately manufactured pharmaceutical drugs that have been diverted from the legitimate trade. This is done by burglaries, robberies of drug stores, and by either the ignorance of doctors, or by the criminal action of doctors.

MEMPHIS CITY SCHOOLS—ALCOHOL AND DRUG ABUSE: THE PROBLEM AND POSSIBLE SOLUTIONS[1]

INTRODUCTION

It would indeed be easy to define the "problem" of alcohol and drug abuse in terms of whether or not a student uses these substances. Thus, defining the problem would simply be a matter of counting the number of bottles of wine, marijuana cigarettes, valium tabs, etc. used. The corresponding solution would likewise be simple. The system would merely convince (at first via facts and then via punishment) students to stop using those substances. Oh, that it were so easy. This has repeatedly been shown to be an impossible task. It might be more useful to try to identify the source and depth of the "problem" and to develop a more realistically effective approach to dealing with it.

This paper constitutes an attempt to assess and define the problem of Alcohol and Drug abuse among Memphis City Schools students. The majority of this analysis was based upon 4½ years of experience in running an Alcohol and Drug Abuse program (a component of the Memphis City Schools Mental Health Center) in the Memphis City Schools as well as student responses to interviews and questionnaires. Additional information was obtained from Memphis City Schools suspensions figures and federal documents pertaining to national statistics.

The philosophy of the Alcohol and Drug Abuse program of the Memphis City Schools Mental Health Center is discussed along with a description of its activities during the present school year. Recommendations are made for the upcoming school year.

THE PROBLEM

The values of American society

If we are really serious about defining the problem we must first look at some of the values we espouse in American society. When there are problems people have a tendency to point an accusatory finger at anyone else but themselves. The issue of student alcohol and drug abuse is certainly no different. For the purposes of focusing in on the problem, it will be of little or no benefit to point that finger at the students alone.

---

[1] A report prepared by the Memphis City Schools Mental Health Center Alcohol and Drug Abuse staff and presented to the Memphis City Schools Alcohol and Drug Task Force, May 25, 1979.

We tend to value image and instant change. Nowhere is this more poignant than in the media. Television, radio, magazines, newspapers and billboard ads daily extrol the blessings of pumping alcohol, drugs, and tobacco into our bodies. These ads (and those who create them) play to people's fantasy needs for instant success, relief, position, sex appeal, and escape. Want to be sexy? Drink a glass of Enticable You—Red, White, and Rose. Want to be thin? Take Thin Agins. Want to impress that certain someone? Bring along a fifth of I'm O.K. Want to be a success? Smoke Top of the Heap cigars. Want to escape to the mountains? Drink Be-Gone in the convenient take-along 12 pack. Have a pain? Take Wisn-It-Aways. Somewhere out there is a headache waiting for you. Just in case buy a couple of bottles of On-Guard. Having trouble sleeping? Take Relaxos. Having trouble staying awake? Take Invigorates. Too much party? Take Thanks-o-selzer . . . And so it goes.

Children as well as adults are bombarded with these messages. Children learn what they live and in this situation they have learned their lessons well. At a very early age they learn that drugs are good for you and not to be feared (legal or illegal, prescribed or not). They learn that when they have a problem they should look for a drug. They also learn that drinking and smoking will help them to be part of the desirable crowd. All too frequently when the children turn away from the television, they see their parents smoking and drinking. They also see the shelves of pills in the bathroom cabinet. This only serves to confirm that alcohol, drugs, and smoking are indeed o.k. if mom and dad do it.

Why then are we adults surprised to find that nationally between 20–25 percent of our youngsters have at least tried some illegal drug by age 15, and 60–70 percent by the time they are high school seniors?

Adult drug use versus teenage drug use

Alcohol is the "drug of choice" of most adults who use drugs. That is to say alcohol is the preferred drug. Marijuana is the "drug of choice" of most youths who use drugs. Youths are just as casual about taking a drag on a marijuana cigarette as adults are when drinking a glass of beer or wine. Furthermore, youths use/abuse alcohol and drugs for the same reasons adults do: in response to the enticement of advertisements, its social acceptability, the ready accessibility of the substances, to be sociable (peer pressure), to copy a trait of someone we admire, to escape from tension and boredom, and occasionally to hurt themselves.

An estimated 20 to 25 million Americans are dependent upon drugs. Approximately 95 percent of those people are dependent upon legal drugs (e.g. alcohol, barbiturates, Valium/Librium, etc.). The legal drugs are equally as potent as illegal drugs. By the way, alcohol is an illegal drug for youngsters under 18.

Patterns of drug use

The U.S. Office of Education (USOE) has identified five typical patterns of drug use/abuse. These patterns apply to children as well as adults, and to legal as well as illegal drugs (including alcohol):

(1) *Experimenters.*—Experimenters use drugs occasionally mostly out of curiosity (this is how we adults tried our first cigarette, first drink, etc.).

(2) *Social-recreational.*—These people use drugs within a social context—whether it be smoking pot at parties, with a friend, or just drinking a beer while watching Monday night football. (Approximately 75 percent of all drug users fall into the first two categories: experimenters and social-recreational.)

(3) *Seekers.*—Seekers have drugs around and available for daily use. They usually have a supply in case they run out (extra six pack in the garage, a lid of pot in the dresser drawer, etc.) or they know how to replenish their supply in a hurry. Approximately 10 percent are light seekers. Another 10 percent are heavy seekers using drugs to "solve problems," and to escape. They use drugs almost daily and stay mildly stoned on marijuana or high on booze all day. Even though they may well be chronically dependent (physically or emotionally) they are still able to function well enough to get along.

(4) *Nonfunctional.*—These individuals use drugs daily because it is necessary for their existence. They are addicted.

(5) *Suicidal.*—A small percent of drug users use drugs for self-destructive purposes.

What these patterns indicate, very strongly, is that the extent of the drug use/abuse is more important than which drug is used. Obviously more potent drugs take the users into a dependent state more quickly than less potent drugs. There are also drugs like PCP, known as Angel Dust (actually an animal tranquilizer, phencyclidine), which are extremely dangerous and unpredictable, with the impact coming on the very first use or after prolonged use. PCP use is not as prevalent in Memphis as it is on the east and west coasts, but it is available here. With this type of exception, it is worth repeating that the extent of the drug use/abuse is more important than the type of drug used (e.g. alcohol, marijuana, barbiturates, amphetamines, valium, cocaine, heroin, sniffing glue, paint and aerosol cans, nicotine, coffee, etc.).

Placing alcohol in the same category as these drugs is very hard for many people to believe or understand. Perhaps an example would be helpful. We were called out to a school a few years ago because a teenage girl was found unconscious in the restroom. A drug overdose was suspected. The ambulance and parents were called. Upon investigation we found that the girl had tried to drink an entire fifth of gin. It almost killed her. When we told the mother that her daughter's condition was due to alcohol, her response was "Thank God. I was afraid it was dope." The mother's fear of dope and implied support of alcohol had totally missed the point. It was the "accepted" alcohol which almost killed her daughter, and to which she was probably addicted.

Memphis city schools students

To date no intensive scientific survey regarding alcohol and drug abuse has been conducted in the Memphis city schools. There are however a myriad of percentages and "guesstimates" floating around. Our experience tells us that each bit of information must be weighed carefully and then placed into the jigsaw puzzle with every other piece of information. Thus, for example, students whose immediate circle of friends would not so much as think about trying marijuana or alcohol tend to estimate that between 2–15 percent of the students in their school use drugs or alcohol. On the other hand, students whose circle of friends regularly use marijuana and/or alcohol tend to estimate that between 50–90 percent of the students in their school use drugs or alcohol. To compound this, most students have difficulty conceptualizing in terms of numbers or percentages. For example, one student (studying advanced algebra) indicated that 40–50 percent of the students were regular users at school. But when asked how many students would be "high" in any given class of 30, she said 3 to 5.

Adults, too, fall victim to their reference group. School guidance counselors who are actively counseling students estimate between 40–50 percent. Guidance counselors who do little counseling estimate between 2 and 15 percent. Some teachers estimate between 1 and 15 percent. Other teachers in the same school estimate between 15 and 30 percent.

The following are some trends among Memphis city schools students which we have been able to identify:

There is significant variability across schools in the system. It would be a grave error to apply statistics from one school to another.

Although it does occur at school, the majority of alcohol and drug abuse occurs outside of school—either before school (in favorite congregating places, or on the buses) or after school and at parties.

The drugs most frequently used by youngsters in the Memphis area are marijuana and alcohol. We estimate that of those students who regularly use drugs, 60 percent prefer to use marijuana, 30 percent prefer to use alcohol and 10 percent prefer to use inhalants, pills, cocaine, etc. There is also some multidrug use and use in combination. Over the past 5 years, there seems to have been a reduction in the use of pills (obtained mostly from the parents' medicine cabinet at home) and LSD. There are incidents of PCP and cocaine use (however the cocaine tends to be a little too expensive for most students). Youngsters are still sniffing glue, paint, gasoline and aerosol cans—all of which can be quite dangerous.

Elementary age children are amazingly knowledgeable about drugs. It is not uncommon for older brothers and sisters to give them drugs. Sniffing glue or gasoline seems more prevalent here. The closer elementary and junior high schools are to high schools, the more accessible the drugs are.

The 13- to 16-year-olds, as a group, tend to show off more and to be more susceptible to peer pressure. They are more liable to experiment with drugs and to take them into school—and to get caught.

Senior high school students tend to be more "adult" in their drug use. They are more selective about the time and place they use drugs. They are not as likely to be using drugs in school, nor as likely to be caught.

The more money students have, the easier it is for them to obtain alcohol and drugs. However, it is also true that all a student needs is enough money for the first bag of marijuana. He/she smokes one joint and sells the rest, thereby financing their second bag and so on. A similar process is followed with other drugs. A good percentage of pills come directly from the home medicine cabinet.

The Alcohol and Drug Abuse program sees approximately 150 students in therapy each year from across the school system. Between 80 and 85 percent of these students are white. We believe this statistic is more reflective of the fact that black students tend to deal with problems in their extended families and in their church rather than use therapy services. There is no question that alcohol and drug abuse is also a problem among black students.

Board suspensions this year are down from last year in every category except possession of drugs. This category is up 40 percent (with the month of May still remaining). The largest number of drug related suspensions came from the Southeast area (139), followed by the North area (106), the Southwest area (88) and the Central (54). Alcohol related board suspensions are down over last year in every area except the Southwest area which thus far has almost as many as the other three areas combined. The system's Southwest area tends to have a heavier proportion of low income families and minority students.

In addition to asking students to estimate percentages of alcohol and drug use, we also asked them if they personally use alcohol and/or drugs and if so how often. Over 260 teenage students in 10 different classes (grades 8, 9, and 11) in 9 different schools were asked to anonymously complete a very short questionnaire. This survey was not conducted in a scientific fashion. The number of students surveyed was very small and did not include all grades nor represent all schools in the system. Analysis for factors such as sex, race, income, age were not conducted.

Despite the unscientific methodology, the results are very close to what would have been predicted from national statistics and the U.S.O.E.'s identification of typical patterns of drug use: 46 percent reported that they do not use marijuana; 22 percent reported that they have only tried marijuana once; 8 percent reported using marijuana between 1-3 times a month; 15 percent reported using marijuana between 1-3 times a week; 9 percent reported using marijuana daily or almost daily; 35 percent reported that they do not drink alcohol; 33 percent reported that they have only tried it once; 20 percent reported that they drink alcohol between 1-3 times a month; 12 percent reported that they drink alcohol between 1-3 times a week; and 0 percent reported drinking alcohol daily.

Reported use of other substances was very low and consisted almost exclusively of "tried once" and "1-3 times a month" categories. Identified drugs included downers (barbiturates), speed (amphetamines), acid (LSD), cocaine, glue, paint and aerosol spray sniffing, valium, PCP, cough syrup, and heroin.

Toward a definition of the problem

If the issue of defining the problem of student abuse of substances appears to be complex, that's because it is. The elimination of all alcohol and drug abuse among youths is as unrealistic as is the elimination of all alcohol and drug use/abuse among adults. The social and psychological dynamics of students using marijuana are very similar to those which described the undaunted consumption of alcohol during prohibition—despite the fact that during that period alcohol was illegal, numerous people incurred serious physical damage from "bad" batches, and several people died as a result of drinking bootleg liquor.

In seeking to set specific and realistic goals for the Memphis City Schools Mental Health Center Alcohol and Drug Abuse program, we have found it useful to define the "problem" in the following three categories:

(1) Student abuse of substances such that serious physical and/or emotional problems as well as death could occur.

(2) Student abuse of substances to such an extent that it becomes an integral part of how they cope with life.

(3) Student abuse of substances at an experimental nonpathological level due primarily to their making poor choices in response to their environment (e.g. peer pressure, boring classes, availability, adult role models who abuse substances, et.).

MEMPHIS CITY SCHOOLS MENTAL HEALTH CENTER ALCOHOL AND DRUG ABUSE PROGRAM, 1978-79

Our Alcohol and Drug Abuse program consists of 1 Clinical Supervisor (¼ time), 1 Coordinator, 2 Alcohol and Drug Workers and necessary administrative/clerical support. Because of its very small size our focus has been more of a blending of services rather than a total focus on either treatment, emergencies, or preventive services. Thus, we have made calculated efforts to engage in primary prevention (i.e. reducing drug abuse through specialized programs in the schools), secondary prevention (i.e. early detection and effective remedial services), tertiary prevention (i.e. constructive follow-up of students after therapy) as well as emergency services. In addition, we maintain excellent communications with other agencies in Shelby County.

Over the past four years, we have received small training grants from the U.S.O.E. Selected principals, teachers, guidance counselors, area office staff and mental health personnel have received intensive training in alcohol and drug abuse prevention.

Subsequent to the training special secondary prevention programs were set up in selected junior and senior high schools. Our Alcohol and Drug Abuse Coordinator has been responsible for directing this project. We have gained a very positive reputation for our program at a national level. As a result, the Memphis City Schools was identified by the U.S.O.E. as one of only five school systems in the nation to receive training/consultation monies for a pilot project in primary prevention. This involves Springdale Memphis Magnet School (kindergarten through 6th grade). We are very excited about the success of this special project and have been told by U.S.O.E. regional office personnel that the U.S.O.E. will expand this prevention effort to elementary grades in other school systems next year on the basis of the success thus far attained.

We have expanded our prevention/consultation efforts beyond the five selected U.S.O.E. schools (4 secondary, 1 elementary) to include an additional 3 secondary and 2 elementary schools.

In addition, our staff has maintained an active alcohol and drug abuse education component—both inside and outside the Memphis Schools. Education activities are extremely difficult to conduct effectively. Typical alcohol and drug abuse education programs which present factual information only actually do nothing but heighten student's curiosity. In fact alcohol and drug use usually increases following such education programs. This is true regardless of whether it is a scare presentation, a physician's scientific explanation, ex-addict or alcoholics anonymous talk, a performance by prisoners or a speech by a fellow student. We have asked to be able to screen all so-called education talks before they are given in the schools. Our relationship with the major alcoholic and drug programs in Shelby County is a very good one and these programs comply with our request. Obviously, however we are not notified regarding every so-called educational program given in the system. The critical variable which is usually left out is time to process the information in order to fully comprehend the implications of the facts presented.

Appendix B provides an overview of our Alcohol and Drug Abuse program's activities for the past three years.

Appendix C provides a description of the extent to which our Alcohol and Drug Abuse program is involved in each Memphis City Schools secondary school in terms of treatment and prevention activities. It also indicates where the extent of our involvement has been a simple contact with the school at our initiation, as well as no involvement whatsoever.

Appendix D provides a very brief description of the kinds of preventive programs we have provided thus far this year.

APPENDIX A

MEMPHIS CITY SCHOOLS BOARD SUSPENSIONS—ALCOHOL AND DRUG (BY AREA): JULY 1, 1977–JUNE 30, 1978 AND JULY 1, 1978–APRIL 30, 1979

MEMPHIS CITY SCHOOLS BOARD SUSPENSIONS—ALCOHOL AND DRUG (BY AREA), JULY 1, 1977 TO JUNE 30, 1978

	North area	Central area	Southwest area	Southeast area
August and September:				
Alcohol	2	3	1	2
Drug	8	5	8	8
October:				
Alcohol	4	3	5	0
Drug	10	6	13	13
November:				
Alcohol	0	3	1	2
Drug	8	5	15	9
December:				
Alcohol	4	3	1	1
Drug	2	3	4	4
January:				
Alcohol	2	4	1	1
Drug	3	7	3	2
February:				
Alcohol	4	0	3	2
Drug	2	8	6	13
March:				
Alcohol	2	2	2	4
Drug	15	3	14	6
April:				
Alcohol	1	1	10	3
Drug	14	7	9	7
May and June:				
Alcohol	6	4	8	4
Drug	6	4	13	15
Total alcohol	25	23	32	19
Total drug	68	48	85	77
Total suspensions	93	71	117	96

MEMPHIS CITY SCHOOLS BOARD SUSPENSIONS—ALCOHOL AND DRUG (BY AREA), JULY 1, 1978 TO APRIL 30, 1979

	North area	Central area	Southwest area	Southeast area
August:				
Alcohol	1	0	0	0
Drug	5	0	1	0
September:				
Alcohol	3	1	3	1
Drug	14	5	4	17
October:				
Alcohol	2	1	1	1
Drug	6	4	2	5
November:				
Alcohol	0	1	4	2
Drug	6	6	15	18
December:				
Alcohol	0	0	2	6
Drug	5	7	8	16
January:				
Alcohol	1	1	7	1
Drug	8	6	11	4
February:				
Alcohol	1	2	9	1
Drug	28	8	16	26
March:				
Alcohol	3	4	5	3
Drug	19	12	24	31
April:				
Alcohol	1	2	4	0
Drug	11	6	7	22
Total alcohol	12	12	35	15
Total drug	106	54	88	139
Total suspensions	118	66	123	154

APPENDIX B

MEMPHIS CITY SCHOOLS MENTAL-HEALTH CENTER—ALCOHOL AND DRUG ABUSE PROGRAM, 1975–76 THRU 1978–79

AN OVERVIEW

Alcohol and drug abuse program 1975–76

The Memphis City Schools Mental Health Center Alcohol and Drug Abuse program was privileged to provide the core of a "team" of Memphis City Schools personnel who received training through the U.S.O.E. Alcohol and Drug Abuse Prevention program in the fall of 1975. The team was fairly successful in carring out its "Action Plan." They organized and/or conducted workshops for: Secondary guidance counselors (4); secondary principals (1); secondary principals and areas assistant superintendents (3); all Memphis City Schools Mental Health Center personnel (1); and selected Memphis City Schools Mental Health Center personnel (mini-series).

This took place along with the usual direct counseling services to students and their families.

Alcohol and drug abuse program 1976–77

During the 1976–77 fiscal year, the Alcohol and Drug program was expanded to three full time personnel and one clinical supervisor (one-fourth time). Direct service delivery continued to take up the bulk of our time (we had a substantial increase in services to minorities). However, we have continued to participate in a significant amount of consultative educational/preventive efforts.

Most work was done in the secondary schools with students, grades seven through twelve; however, the Alcohol and Drug program was actively involved in five elementary schools as well. About 257 students received direct treatment services between July 1, 1976 and June 30, 1977 with another 130 pupils being reached through consultation with school personnel. During the 1976–77 school year, there were 25 ongoing counseling groups. Listed below are examples of presentations/workshops conducted by the Alcohol and Drug staff during that year:

Parent Awareness Groups—March, 1977—series of programs (10 hours) on drug abuse and how to handle it.

PTA Presentations and Parent Education Workshops—February, 1977, Peabody: March, 1977, Berclair—programs on how to understand and work with children who are abusing alcohol or drugs.

Church and Community Presentations—April 1977, Middle Baptist Church—youth day program; question and answer session on problems of adolescents; plus information on Memphis City Schools programs to help troubled youth.

Porter-Leath Children Center.—Discussion group with students on alcohol and drugs.

Memphis State University Class Presentations.—September, 1976—"The Alcohol and Drug Abuse Treatment Program of the MCSMHC" presented to graduate class in Adolescent Psychology—program was video taped and is used repeatedly by students. March, 1977—"Understanding Addiction and Assessing the Problem"—presented to graduate class in Adolescent Psychology.

CLUE Class Presentations.—February, 1977—two classes, values clarification activities and discussion of problems of teenagers.

Teacher Awareness Workshops.—September, 1976, Cypress Junior High School, entire faculty, May, 1977, Goodlett Elementary, entire faculty—to increase teacher sensitivity to drug abuse and how to handle it.

Principal, Teacher and Counselor Consultations.—Ongoing activity each week.

We further increased the Alcohol and Drug service effort by making use of our general Mental Health Center staff. Thus, general Mental Health Center staff have picked up substance abuse-related therapy cases with consultation from the Alcohol and Drug Abuse staff. In addition, our Psychological Services Workers receive the names of all youngsters being returned from substance abuse-related Board Suspensions (495 last year). A routine screening/follow-up interview is held with the youngster to determine the extent to which he/she is successfully coping with the present situation and to determine if therapy is desired and/or warranted.

Alcohol and drug abuse program 1977–78

The Memphis City Schools Mental Center again sponsored and was instrumental in obtaining a second U.S.O.E. Alcohol and Drug Abuse Prevention Training Grant for the Memphis City Schools. Our Alcohol and Drug staff have taken on the responsibility for coordinating and supervising the efforts of twenty-five mental health and education personnel who received two weeks of intense training at the Southeast Regional Office in Florida. Pilot programs were initiated in four secondary schools as a result of that training session. We are continuing to actively coordinate the overall program, to conduct teacher and teacher-student workshops, and to conduct a variety of rap and group therapy sessions in these schools. Our active involvement in this project is being carried out in a quasi experimental manner.

Four secondary target schools had special prevention programs as part of the team's Action Plan. Some of these were: two-day student training workshops; weekly group meetings; faculty meeting presentations; inservice programs; and PTA and community group presentations.

One elementary school was involved in a model substance abuse prevention program designed to be used with high risk fourth and fifth graders. This program is now available and being used in other schools.

Our staff worked directly with 400 students in these prevention activities; many more students felt the impact indirectly through contact wih teachers and peers whose attitude or behaviors had changed after attending these activities.

The following list gives a summary of activities conducted as a part of the prevention component:

(1) Coordination of programs in four target schools designed and implemented as part of U.S.O.E. grant.

(2) Regular participation in inservice training, team staffings, MCSMHC meetings, etc.

(3) Training and consultation with community groups, such as National Conference of Christians and Jews, and the Panel of American Women on coordination of services.

(4) Active participation in State Alcohol and Drug Abuse training programs and Regional Alcohol and Drug Abuse Prevention Task Force.

(5) Presentations to church groups, PTA's, university classes, elementary classes, secondary health classes, private hospitals, and professional organizations.

Treatment activities

As in past years, our program continues to provide individual, group, and family counseling as needed for students who have already developed a substance abuse problem. Consultation services are also available for school personnel who seek assistance in working with these students in the school setting.

The following data summarize staff activities in the treatment component:

(1) 147 students regularly involved in individual, group, and family counseling.

(2) 90 intervention interviews with students on a one-time emergency basis.

(3) 77 consultative meetings with parents and Area Office administrative personnel.

(4) 6 weekly meetings with elementary prevention group (10 members).

(5) 12 weekly group meetings with secondary prevention groups (33 members).

(6) 10 percent of staff time in case consultation with school personnel or MCSMHC staff.

APPENDIX C

MEMPHIS CITY SCHOOLS MENTAL HEALTH CENTER—ALCOHOL AND DRUG ABUSE PROGRAM; ACTIVITIES, JULY 1, 1978–APRIL 30, 1979

MEMPHIS CITY SCHOOLS MENTAL HEALTH CENTER—ALCOHOL AND DRUG ABUSE PROGRAM, ACTIVITIES; JULY 1, 1978 TO APRIL 30, 1979

School	Treatment	Prevention act	Contact only
Airways	×		
Bellevue	×	See attached	
Carver			
Central	×		
Chickasaw			×
Colonial	×		
Coleman		A and D unit	
Corry			×
Craigmont Junior	×	(6) class presentations	
Craigmont Senior			×
Cypress	×		
Douglass	×		
East			
Fairley			
Fairview			×
Frayser	×		
Geeter			
Georgian Hills	×		
Graceland	×	A and [illegible] survey	
Gragg	×	See attached	
Hamilton Junior			×
Hamilton High			
Havenview			
Hillcrest	×	Student leadership training	
Humes			
Kingsbury Junior	×	(3) class presentations	
Kingsbury High			
Lanier			
Lester	×		
Lincoln		Assertiveness training	
Longview			
Manassas			
Melrose Senior			×
Melrose Junior			×
Messick Senior	×		
Messick Junior			×
Northside			
Oakhaven High		Suspension follow-up	×
Overton		Class presentation	×
Patterson	×	See attached	
Porter			
Raleigh Egypt	×		
Richland			
Ridgeway		Suspension follow-up	×
Riverview		Peer counseling 10 weeks	
Sheffield	×	A and D survey	
Sherwood	×		
Snowden			
Southside			
Treadwell			
Trezevant Junior	×	A and D survey	
Trezevant Senior	×	Video taping	
Vance			
Washington			
Westside			
Westwood			
Whitehaven	×	See attached	
White Station Junior			
White Station High			×
Wooddale Junior	×	See attached	
Wooddale Senior			
Elementary			
Campus		Faculty meeting	
Evans		Parent group/7 class presentations	
Idlewild	×		
Kingsbury Elementary	×	Prevention group	
Oakhaven Elementary		6 class presentations	
Springdale	×	See attached	

APPENDIX D

MEMPHIS CITY SCHOOLS MENTAL HEALTH CENTER—ALCOHOL AND DRUG ABUSE PROGRAM, PREVENTION ACTIVITIES, JULY 1, 1978–APRIL 30, 1979

BELLEVUE JUNIOR HIGH

(1) Teacher inservice and first two days of school-activities on self-awareness, values clarification, communication skills and study skills.
(2) Student leadership group—continued skill development.
(3) I'm OK/You're OK day.
(4) Participation in OE Cluster for Prevention.
(5) Buddy system with NCCJ.
(6) Treatment groups—ex : A & D, Vietnamese.

WHITEHAVEN HIGH SCHOOL

(1) Buddy system with NCCJ and Brotherhood Club.
(2) Committee designing teacher assessment instrument.
(3) Cluster participant.

WOODDALE JUNIOR HIGH

(1) Cluster participant.
(2) "Jackson Junior High" teaching unit in Social Interaction class.
(3) Teacher co-leading treatment group.
(4) Prevention treatment groups and individuals.

GRAGG ALTERNATIVE SCHOOL

(1) Teacher communication workshops with NCCJ.
(2) Student leadership training group.
(3) Treatment groups/individual.
(4) Cluster participant.
(5) Compilation of prevention activities booklet for teachers.
(6) Cluster participant.
(7) Faculty Meeting presentation on prevention and classroom management techniques.

HILLCREST

Student leadership training.

SPRINGDALE/MEMPHIS MAGNET

(1) Teacher training and development of model program.
(2) Inside-Out films with discussion and activities with entire student population.
(3) Parent workshops on Positive Parenting.
(4) Presentation at CAO Parent Advisory Committee.
(5) Class projects and activities to improve self-concept.
(6) Teacher workshop for entire school on positive discipline and self- awareness.
(7) Treatment groups for students with disruptive behavior problems.

EVANS ELEMENTARY

(1) Presentation to each class in entire school "What do you want to know about drugs?"

MITCHELL ROAD

Assertion Training/Job Interviews with Business Classes.

PATTERSON ALTERNATIVE SCHOOL

(1) Student two day workshop on leadership skill development.
(2) Weekly meetings and training with Patterson Leadership Training Club.
(3) Faculty workshop on classroom management techniques and prevention.
(4) Treatment groups and individual therapy.

CAMPUS SCHOOL

(1) Faculty presentation.

RIVERVIEW JUNIOR HIGH

(1) Peer Counseling Program with NCCJ.

CLASS PRESENTATIONS

Snowden Junior.
Overton High School.
Craigmont Junior.
Germantown High School.

APPENDIX E

MEMPHIS CITY SCHOOLS MENTAL HEALTH CENTER—ALCOHOL AND DRUG ABUSE PROGRAM; COORDINATION WITH OTHER AGENCIES/SPEAKERS BUREAU

HOSPITALS

Lakeside—presentation, consultation, co-treatment with patients.
MMHI—adolescent unit, consultation, co-treatment with patients.
Mid-South—consultation on patient referrals.

COMMUNITY MENTAL HEALTH CENTERS

Frayser-Millington—case consultation, program planning, training.
SECMHC—case consultation, co-presenting in schools, program planning.
NECMHC—patient consultation.
NECHMC—patient consultation.
JACOA, Jackson, Tenn.—consultation on program planning.

RESIDENTIAL TREATMENT PROGRAMS

Memphis House—co-treatment with referral.
Runaway House—consultation on program for referral.
Dogwood Village—consultation on program for referral.
Bethany Home—consultation and referral.
DeNeaville Heights—consultation and referral.

CORRECTIONAL FACILITIES

Juvenile Court—consultation and referral, co-treatment with referral.
Tall Trees—consultation on programs and referral procedure.

COMMUNITY ORGANIZATIONS

Girl's Club—presentations, participation in prevention planning, referral to program.

Girl Scouts—resource for materials, participation in previous planning, referral to program.

DRUG USE AND ABUSE IN THE MEMPHIS-SHELBY COUNTY SCHOOL SYSTEM

FRIDAY, JANUARY 18, 1980

House of Representatives,
Select Committee on Narcotics Abuse and Control,
Memphis, Tenn.

The Select Committee met, pursuant to notice, at 9:30 a.m. in the Germantown City Hall, Germantown, Tenn., Hon. Robin L. Beard (acting chairman of the Select Committee) presiding.

Present: Representatives Robin L. Beard and Billy L. Evans.

Staff present: Patrick L. Carpentier, chief counsel; John W. Peploe, chief of security/investigator; and Jennifer Salisbury, assistant minority staff counsel.

Mr. Beard. The committee will come to order.

And the first witness for the day is Judge Kenneth Turner, juvenile judge, Shelby County.

Judge Turner, welcome. And I will take this opportunity to thank you on behalf of the committee for what has been described as a very cooperative attitude, very supportive, and very informative. And the staff members are extremely pleased and very grateful for your tremendous contribution. So the committee is indebted to you for your fine work in this area.

TESTIMONY OF KENNETH TURNER, JUVENILE COURT JUDGE, SHELBY COUNTY, TENN.

Judge Turner. Thank you, Congressman Beard. I am glad to cooperate in these hearings.

Mr. Beard. If I may say also, the microphones are not working very well so if you could be sensitive to that and maybe speak up a little bit.

If you have an opening statement, we would—or if you would like to summarize any comments, opening comments, you might have regarding the purpose of this committee as to looking at the drug situation, please feel free to at this time. If you have a statement, we will certainly submit the entire statement for the record if you would like to summarize.

Judge Turner. All right, sir.

As you know, I have been judge of juvenile court here in Shelby County for the past 16 years. And I have seen the problem of drug law violations by juveniles first present itself. We never had a case of juvenile drug law violations or for that matter very much at all on the part of adults either until about 1966.

The first juvenile charged with violation of the drug laws occurred here in 1966. We had one case. The following year, we had one more case. And then, we had, I reported here, 8 cases in 1968, 42 cases in 1969, and by 1970, it jumped to 119 cases for that year. And the number increased every year through 1974. During that year, we had 893.

Now, I am speaking, of course, of arrest of juveniles for drug law violations. And since 1974, the number of juveniles arrested in Shelby County for drug law violations has steadily declined to the point that according to the latest statistics that I looked over the other day were running an average of 350 a year now that were being charged with drug law violations. So it has been reduced in half. That is the arrests, those charged.

We have never to my knowledge had any noticeable involvement by juveniles here in Shelby County with heavy drugs, heroin, anything like that. Of course, there has been times these kids get ahold of any type of pill they could and experiment with it.

Now, one would think from these statistics, of course, there has been a tremendous decline in illegal use of drugs in this country, especially marihuana. And most of these offenses were for marihuana use or possession. But I have long suspected that there hasn't been so much an actual decrease in the use of marihuana by juveniles as there has been a tolerant attitude developed, I think, by the community in general.

I don't think that the community takes the problem seriously. I don't think they are as likely to prosecute. I have received many complaints from citizens who tell me about a child who had marihuana, a cigarette or two, a small quantity. And when reported to the law enforcement agency, they were told they were going after the big violators and they didn't really have time to deal with the minor violators.

I think that is the situation. And my suspicions were somewhat confirmed when I read the series of newspaper stories by Mr. Reid and Mrs. Black in the Memphis Press-Scimitar during 1979. I saw from the morning paper that she testified as to what she had observed there and which was well reported in the newspapers.

I think the schools had developed a policy of suspending students for the marihuana violations or drug law violations. Of course, that was like throwing a rabbit in the briar patch. I have always been of the opinion that we should not enforce our laws selectively, but if a person is in violation of the law, they should be charged and should be dealt with.

I think that there is an attitude that has been developed in recent years, I think largely as a result of irresponsible statements by people who consider themselves experts, that marihuana should be legalized. And a lot of kids think, if it ought to be legalized, it is a bad law, and I am going to ignore it—juveniles and adults as well.

Of course, as we know, we are a land of laws. If it is a bad law, let's repeal it. If it is on the books, though, let's observe it. That is my attitude. And I think every law-abiding citizen should take that attitude.

They talk about cigarette smoking being harmful to the health. If they outlawed tobacco, I assure you, I wouldn't smoke it. I know it is bad for my health but I am not violating the law. There is a difference.

In Shelby County some 15 years ago, we made available a juvenile summons. It was available to law enforcement officers to summons juvenile law violators when officers were of the opinion that a juvenile violator would not be a menace to society if not physically arrested and would not himself be harmed if not taken into custody.

Most juveniles charged with possession of marihuana are physically arrested, according to our statistics in juvenile court. I know it is a burden on the police officer, the law enforcement officer, to interrupt their duties and take in every kid who they might find with a cigarette or have reported with a cigarette. And maybe they could use these juvenile summonses more and refer these matters to court in that manner.

I do think, though, that they should be charged and let us deal with it.

We are glad to participate in this hearing, again. And I think that the problems we see in the juvenile court are representative of the problems in the community at large. Whatever the problems are in the adult society, they tend to seep down among the juveniles.

There are some offenses, of course, that are unique to juveniles, but drug law violation is not really one of them.

I thank you. And I will certainly be glad to answer any questions.

Mr. **Beard**. Thank you, Judge Turner.

[Judge Turner's prepared statement appears on p. 183.]

Mr. **Beard**. The juvenile summons, exactly how does that operate? That has been in force and effect here for how long?

Judge **Turner**. About 15 years ago it came to my attention that the law enforcement officers had no way really to refer a case to court without making a physical arrest. And in a lot of cases it seemed a waste of everybody's time and it wasn't really necessary to confine the juvenile. Yet he should be brought before the bar of justice so to speak.

And this is a summons, and we call it a juvenile summons; it can be used for any kind of law violation provided the juvenile would not be considered to be a menace to society if not physically arrested and taken into custody or if the juvenile himself were not likely to be harmed if at large.

The officer issues a summons and, of course, a carbon copy. It goes into police headquarters where they distribute it, sending a copy to juvenile court and this juvenile court probation department then arranges to have the parents bring the child to the juvenile court where they have a conference. They check the juvenile's record, see what the particular problems are and what action is indicated.

Mr. **Beard**. Is this a fairly standard program now throughout the country or would you say this is somewhat unique in Memphis?

Judge **Turner**. I considered it an innovation. I don't know of it being used anywhere else. It is possible that it is.

Of course, you know, traffic violators have long been summoned, but I think this was the first as far as summoning people for offenses other than traffic. And I don't know of it being utilized elsewhere.

Mr. **Beard** I think the very important aspect of that is the parental involvement also.

Judge **Turner**. Instead of the police officers bringing the kids into juvenile court, the parents bring them in.

Mr. **Beard**. Congressman Evans, do you have any questions?

Mr. **Evans**. Judge, I am impressed with the innovations you have made in the juvenile court system. No question, 16 years' experience has taught you a great deal.

In your testimony, you mentioned the fact that the decline in arrests in your opinion reflects a more tolerant attitude on the part of the community rather than a reduction in the use of marihuana and similar type drugs. What do you think could be done on a community basis to deal with the drug problem in that area?

Judge **Turner**. Well, first of all, Congressman, I think if they have one cigarette or a pound of marihuana, they should be either arrested or summoned to court and held responsible under the law. And I believe that that is really not being generally done.

Mr. **Evans**. The one thing that I have been generally impressed with in these hearings—and I think they have been very beneficial—but the one thing I have been disappointed in is the fact that we don't have a great deal more parents here today. I have talked to some of the parents who are here and, of course, I think they have a special interest, and they became aware, and they know what they need to do is to become involved.

But do you see the drug problem as being something that the parents should be concerned about?

Judge **Turner**. Well, I think they indeed are very much concerned about it. I think since their Representative is here, Congressman Beard, I think they figure he is their representative.

Mr. **Evans**. I hope that is the situation. But what I am talking about is more concern from the standpoint of organizing into a viable group from the standpoint of counteracting perhaps peer pressure on the part of the younger people by having groups that reward the absence from groups using drugs to combat the peer pressure of people who do use drugs and try to encourage others to use drugs.

Judge **Turner**. Congressman, I have to be very frank to say I really don't think that talking about it is going to solve the problem. We must have action as I indicated by just letting it be known that we are going to prosecute each and every violator.

You are talking, of course, about a program for public education and participation. That has been tried in this community. A number of years ago when the problem first surfaced, there was an effort set forth to enlist citizens, law enforcement officers, and others to go into the public schools and to tell the participants, tell the children, the evils of these various drugs and what it would do to their systems and what they should and shouldn't take, and even had charts showing the pictures of the pills and what it would do to you.

And I said, "A little education is a dangerous thing." I did not support that program. I felt it would do more harm than good, and the less we talked about it the better. Because many of these kids had never even thought of using drugs until they got a lecture about it. And then, their curiosity was aroused. And I think it is the nature of young people that they tend to experiment and find out for themselves.

I know the University of Tennessee College of Pharmacy was behind that effort, and the late Dr. Feurt and I had some discussion about it. He said, "You mean you are opposing education?"

I said: "No; I am not opposing education, but I just don't think that this is the way to go about it. And it is like saying: 'Don't put your hand in that cookie jar.' And if I leave the room, they are going to."

And sure enough, it wasn't but 2 or 3 years later that a study showed that these types of programs were in fact detrimental rather than helpful. I just give you an example if I may take a moment to do so.

We had an outbreak here over in north Memphis a number of years ago—about 10 or 12 years ago—of juveniles sniffing glue. And I knew if it was put in the paper, every kid who hadn't sniffed glue would be tempted to try and see what the effects were who hadn't thought of it otherwise. And the news media here were very cooperative and helpful in withholding it from the news. It was not even printed.

And we had a bunch of kids arrested, but they were all in one part of town. And we sent people in there and took all the glue off the shelves and cautioned the store owners not to sell it to juveniles and be very careful about it. And they kept it under the counter.

And we contained it and eliminated it in a very short order. We did not have any more trouble in lo all these many years. It is a very rare thing to ever catch or find a juvenile in Shelby County sniffing glue. And I hope there won't be any big deal made of it in the media today because I am afraid those who haven't thought of it might try it.

It just so happened then a year or so after that, I was at a national meeting of juvenile court judges. And just in a conversation circle, one of the judges was telling me what a tremendous problem he was having in his city, one of our major cities, a Midwestern city, what a tremendous problem he was having in his city with glue sniffing.

I said, "My goodness, what are you doing about it?"

He said, "I personally have gone out and talked to high school assemblies, and urged them to leave this alone and told them of the damage it would do and the effects on the mind."

I said, "No wonder you are having a problem."

So you see, education isn't always, I think, helpful.

Mr. EVANS. Let me ask you, you said a little education is a dangerous thing. And we in the field of the use of marihuana have gone way beyond what people would learn from an education program. I think from the research that we have done and the questions that we have asked of people all over the United States, there is no question that students will be exposed to marihuana smoking regardless if the media never say anything about it because it is that prevalent in our schools and in our just general society.

So I guess I am asking you: are you advocating that we not have educational programs, or the Government have anything to do with programs which would advise children about the harmful effects of the use of marihuana and other drugs?

Judge TURNER. Well, of course, I was speaking a while ago specifically of glue. Since it is not a problem now, I didn't want to suggest that anyone try it. But, no. I think if you want to know the truth, my opinion is that it is the parents who are rather ignorant about these drugs, or marihuana especially. Most kids do know about it.

Mr. EVANS. But, Judge, this is what I was talking about a few minutes ago, parents getting involved in advising themselves as to what they are dealing with so that when they get into a discussion with their child about marihuana and he says, "Well, so and so, Dr. Zinberg says smoking is more harmful or alcohol is more harmful," they can come back with information of their own to show the child not only that—or the teenager or young man or woman—you know, they can't take the argument hands down because of the ignorance of the parent.

Do you see any value in the parents uniting their efforts and educating themselves and putting the peer pressure on the other side of the fence to countermand the pressure to use drugs, to be in the end product?

Judge TURNER. I think getting back to what I said a while ago, it is the parents, it is the adults, who need education in my opinion. And I think certainly, there is some merit to that proposal.

But I wouldn't advocate going into our public schools and having lectures to the students on it. I don't think it would necessarily help.

Mr. EVANS. OK, I certainly understand that. That is not what I was advocating.

Judge TURNER. I think we are in agreement, yes, sir.

Mr. EVANS. You also would agree that making the case against everybody that was caught using drugs—you are not advocating that that alone will solve the problem either, are you?

Judge TURNER. It sure would help.

Mr. EVANS. I agree it would help. And our approach, the approach of this committee, is to do all the things to try to coordinate the efforts from every direction.

And what we are trying to do, and we realize we are told that, well, that approach won't work, well, we know no approach will work by itself, that it has got to be done in a coordinated effort from all angles. And what we are trying to do is to talk to the people who are dealing with young people generally speaking because we think that is the real problem with the young people. And if we can keep people from getting addicted to drugs or becoming to like drugs before they get mature, the chances are they are not going to, most of them are not going to, get hooked on drugs.

So my question is: Should we not pursue every angle in a coordinated way to try to deal with this problem?

Judge TURNER. Oh, there is no question about it. Whatever approach can be taken, that it be helpful and alleviate the problem, I would certainly be supportive.

I like to say I may not know all the answers, but I do know all the problems. I am just here to tell you what the problem is. I don't have all the answers, but I do think law enforcement and reporting of every violation would help to deter.

Mr. EVANS. But you apparently agree that the purpose of law enforcement is to not give these—I'll say "kids" in this instance—a record because the innovations that you have made by the use of the summons is a very humane approach to this thing. Do you think that people who are charged and who are processed through the summons method get the full import of the seriousness of what breaking the law is all about?

Judge **Turner**. Yes, sir, I think it is effective. It brings them before the court.

Mr. **Evans**. Would you agree, then, that our system shouldn't be such that the punishment is worse than the offense; the effect of the punishment on the offender should not be worse than the offense itself?

Judge **Turner**. No; I don't think so, Congressman. I think that if it is a well-known fact that you will be arrested for even possessing one cigarette, a lot of kids who are now taking a chance are not going to do it. I think so many youngsters truly just experiment with it. I don't think that a high percent regularly use marihuana or any other drug. But I think a lot of them are very prone to experiment, a very, very large number. I wouldn't hazard a guess. But they might be experimenting that one time and get caught.

Of course, that is where we can separate those out from the habitual users if they are summoned. Or occasionally, we know they have been in there before. They can't tell us it is the first time if it is the second time they have been summoned.

Mr. **Evans**. If I might just take a minute, Mr. Chairman, I would like to relate an experience I had as a practicing attorney with a 14-year-old who was charged before the juvenile court with general misbehavior, including the smoking of marihuana. And this was, I guess, about 15 years ago.

And after the judge heard the case and released the young man back to his parents, he went on with the drug usage. And within 9 months, he was charged with murder for killing another young man who was supplying the drugs. And that young man is now serving time in the penitentiary on a murder charge.

And there is no doubt in my mind that the use of the drugs and the influence that it had over him at that age was the cause of him ruining his life the way he did. And I guess that is one of the things that has influenced me to feel so strongly about drug use among young people.

Judge **Turner**. It can lead to so many other problems. And, of course, that is about as serious as you get, the problem of murder. It is so true that when one is under the influence of a drug, a youngster might be influenced to do a lot of other things and commit law violations he wouldn't otherwise do.

Mr. **Evans**. Judge, do you think the problem is a serious one in this community?

Judge **Turner**. Yes, sir, I think it is a national problem.

Mr. **Evans**. I agree with you, but I am asking about this specific community. Is it something that something else needs to be done other than what is being done? Or do you think the community is adequately handling the law enforcement, the schools, the juvenile court, the parents? Is it being adequately handled, in your opinion?

Judge **Turner**. No sir, I don't think so. If it were being adequately handled, we wouldn't have the problem. Certainly to the extent that reportedly we do.

Mr. EVANS. Is there anything else that the community could be doing to help with the situation or to help decrease the problem?

Judge TURNER. Well, as I said earlier, as far as the average citizen is concerned, if we all would take this offense more seriously and consider it for what it is—actually, it is a serious violation of law, and every citizen who observes anyone violating the law, be it smoking marihuana or whatever other violation, were it reported to the law enforcement agency and the law enforcement agency properly responded, I think that it would go a long way toward eliminating the problem.

And certainly, any kind of program that we could have to reach the parents—the adult community especially—and make them aware of the importance of their being willing to go down and take away from their time to testify in court, if necessary, I think that is the reason a lot of people don't report law violations generally because they don't want to have to go to court.

So really, unless the law enforcement officers sees the violation himself, why, he can't make an arrest. I'm sure counsel is quite familiar with the laws of arrest. Unless you have citizens who are willing to come forward and testify, the law enforcement officers are rather hampered.

I'm sure, too, the law enforcement officers get a lot of complaints concerning marihauna where they don't really want to prosecute; they just want it stopped. And how does the officer deal with it? Well, the best way possible.

I know our officers go the extra mile in many cases by having the youngster down. They talk to them on an individual basis and warn them and admonish them without any actual legal action. But where they have a case and a prosecutor, I think they should charge them.

That is not to say we are going to send every kid away to reform school that is caught with a marihuana cigarette. But at least they are held accountable. And certainly if they do it repeatedly, we will bring the case.

We do have certain programs in the community, as you know, educational programs. I think at this point, I don't mind at all seeing the youngster get involved in a drug education program when we know he is involved with it.

Mr. EVANS. Well, you have expressed a view that we have not heard in the talking about a little education is a dangerous thing. You seem to add some smoking. And I think that we have seen in this country a decline in certain groups of smokers as a result of the campaign. And we have certainly seen a move on the part of the tobacco industry to produce less harmful cigarettes, if there is such a thing.

It has been suggested to us that a program of education discouraging the use of drugs from the time that children are able to start watching television would be something that would be beneficial. And we have experienced an awareness on the part of young children advocating that their parents not smoke as a result of these cigarette campaigns.

Do you think such a campaign by the Federal Government through commercial advertisement would be beneficial or do you think that would operate the way your glue story would and just make them aware that there is something new?

Judge TURNER. It is not what we do; it is how we do it. And I would have to give some thought to that matter, Congressman. You are talking about a new media campaign?

Mr. EVANS. I am talking about commercials, the same type of commercials we have for smoking.

Judge TURNER. The funny thing about our drug education program that was conducted in the schools here, it is not only tragic, but amusing, a lot of the kids being talked to knew more about drugs than the person talking to them.

I don't know. I don't know as it would be especially harmful. I don't think it would be harmful nor can I say with a great degree of certainty it would be helpful to have a media campaign.

Mr. BEARD. I think what is harmful, though, and the frustration in what Congressman Evans and I have been very concerned about, is the fact that you ask young people, they can tell you what is wrong with smoking cigarettes, but there has been, because of the conflict of medical reports in the past, because of some of the statements that have been made, no relaying of information in the recent studies as to the dangers of smoking marihuana and use of certain types of drugs.

And we see the Government does the public service ads on smoking, they do it on alcohol, they do it on a little bit of everything that you can think of. And yet, there is none of that at all on drugs. You go out, and not many people know that now it has been shown the use of marihuana can cause permanent loss of brain cells. There are not many people you ask that cannot tell you that smoking will cause cancer, but they have no idea that the use of marihuana can literally affect your reproductive system or can cause the loss of a child of a pregnant mother who uses marihuana. These things have literally been set in the closet during this period of debate over which study is right.

Now, the reports are starting to come out and are pretty well coming together showing that it is no ifs, ands, and buts—now these are facts of life.

And I just think maybe that is what we feel; we have got to start at least getting these tools out because how do you argue with a young kid that says, "Hey, look, what are you talking to me about? What is wrong with marihuana? We see people running around drinking and smoking." It is a hard argument to deal with.

Right now, 99 percent of the people don't even know what to say.

Judge TURNER. I think, Congressman, we have to reduce it to its simplest terms.

Mr. BEARD. Oh, yes.

Judge TURNER. Because the differences is that alcohol and tobacco are legal. Even they, however, are not legal to minors. It is against the law still to give an alcoholic drink, to sell or give a cigarette to a person under 18. And, of course, it is against the law to sell them liquor.

Mr. BEARD. It is against the law?

Judge TURNER. Since 1915.

Mr. BEARD. Do you think the schools are showing good judgment in allowing smoking areas in the school grounds?

Judge **Turner**. There is no law against a juvenile possessing tobacco; that is the kicker. It is against the law for an adult to sell or give it to them. The juvenile is not violating the law by himself possessing.

Mr. **Beard**. What is your attitude on the smoking areas in the schools in which some are not supervised, and it has been said those areas are used to smoke pot?

Judge **Turner**. Personally, I don't approve of allowing smoking in school. And I am not an educator. I don't run the school systems, but I wouldn't allow it.

Getting back to the media approach to this problem, you know I said it is not what we do; it is how we do it. And the simple difference as I see it between the tobacco and alcohol on the one hand and marihuana on the other, we should not be forced into a discussion of the harm or lack of harm of marihuana or try to justify its use or argue against its use on those grounds. The simple fact is it is against the law. And I think if you had a media effort reciting the penalties for violation of the law, you could incidentally throw in the harmful effects and why we have the law.

I said if I had the education program on why we have the law, I think that approach would be good and the penalties for violating the law. But I would not on television, particularly on television, plead with young people not to use it; because it is damaging to the health alone.

Mr. **Evans**. I fully agree with the differentiation and ask that be made a part of it, but as for people who change the law when we are dealing with teenagers, I think that we then have to have a justification for saying why we don't think the law should be changed. And this is why we can't take the same approach that you do in discussing this with teenagers.

Now, the problem is in fact if alcohol had never been made legal, then I think we would have been able to control it. And the experiment we had with prohibition was after something had become so established in the society for hundreds of years or thousands of years, there was no way to deal with it.

And I think that it would be very dangerous to approach yet another drug that could cause the kind of harmful effects or more harmful effects than tobacco or alcohol does. So, you know, it is like the argument of the teenagers: Do three wrongs make a right? If you have got two things that are bad, legalize another. And I reject that argument completely. I think that the legalization would greatly increase the use because I think you would agree that being against the law is a deterrent to some people.

And, therefore, legalizing or decriminalizing would tend to greatly increase the use. And would you also agree that having legal apparatus shops, paraphernalia shops, headshops, tends to give some respectability, if you will, to illegal drug use?

Judge **Turner**. Very definitely. It has amazed me to hear of these headshops, as you say. I think the paraphernalia should be also unlawful because, obviously, it can only be used and is intended to be used in the use of illegal drugs or marihuana.

Mr. **Beard**. What is the status of legislation? Is legislation being presented in the State legislature. And the law enforcement officers or the different judicial leadership, has anyone gone to the State legislature? Are they considering legislation to outlaw these paraphernalia shops?

I really cannot believe that our society is allowing this to happen. To me, that should be enough to create the need for an emergency session or something to dramatize it.

The State legislatures could have already passed laws to outlaw it, could they not? Or is that ruled in court to be against the rights of a few bums that go out and sell it or what?

Judge **Turner**. I really think, and I have heard some discussion of it—I don't know of any specific legislation that is pending for consideration by the general assembly at this time. I have heard some discussion, though, of the question, and it seems that they are having trouble framing the law so that it would definitely cover this sort of thing. As you know, we have had all kinds of problems with our obscenity laws.

Mr. **Beard**. To meet the constitutional guidelines, that is the problem, framing the law, to make sure they do not violate the constitutional aspects.

Judge **Turner**. What necessarily constitutes illegal paraphernalia?

Mr. **Beard**. Thomas Jefferson has rolled over in his grave 150 times the way we interpret the Constitution.

Mr. **Evans**. Mr. Chairman, in the hearings we had on paraphernalia, I think the problem is so many simple things that can be used as paraphernalia, it is very difficult. I think you have to have the intent to break the law. And that is where we get into the problem.

But I believe laws can be found in Georgia. And they passed one in the last year or two which I believe will stand up.

Judge, if I might just make sort of an announcement in view of your agreement and your point about parents that a booklet and film sponsored jointly by the Drug Enforcement Administration and the National Institute on Drug Abuse will be available free, I believe, on the first of March, on and after the first of March. The fact book is entitled, "For Parents Only." And it was designed not only to educate parents on the harmful effects, but to teach them how to discourage and deal with adolescents' marihuana use.

So I think that that is something that I am sure there will be further announcements about nationwide. But that is something that will be available, and I think is the result of the work of this committee in conjunction with these various agencies that are designed to help deal with the drug problem.

Judge **Turner**. I would like to see that film, and I hope it will be made available. I could see that it could be very helpful.

Mr. **Evans**. Thank you.

Mr. **Beard**. I would like to, if staff would advise me, get a film down here for them before Judge Turner has quite a group of parents.

You have the probation parole group. What is that group?

Judge **Turner**. Our court volunteers.

Mr. **Beard**. How many people are members of that?

Judge **Turner**. In the neighborhood of 1,000.

Mr. **Beard**. These are parents who volunteer. And it is one of the most magnificent programs. I am very excited about it.

Let me ask you very quickly, when you have this juvenile summons and the kid is brought down to your court, he has a joint, and this is his first go-around, is he referred to any form of counseling once he is talked to? What do you say to him? What is the deal? There he is. He says, "Look, I tried it; I am an experimenter; this guy gave me a cigarette; I got caught by the officer there at the school; I just didn't want to do it." What do you do?

Judge **Turner**. Well, we like to think we do whatever is necessary in the interests of the community and the child at the time, whether it is his first, second, third, or whatever offense. In fact, you might find it interesting, Congressman Evans, to know that in our juvenile court, the term "first offender" is never used. First offender doesn't mean anything to us. It is not ground—the fact, that he is a first offender is not grounds—to do anything in the way of leniency, because every dog is not entitled to one bite. And I just don't like that philosophy—you know, "it is only my first offense."

I have heard that nationally, all kinds of programs for first offenders. Well, we don't even use the term in juvenile court. It is a no-no. We look at it; was it his first time brought to the attention of the court, or second or third? We look at the individual juvenile's problem. How is he doing in school? How well is he thought of in the community? What do the interests of the community require? What do the child's interests require be done? Does he need to be confined to an institution? Does he need to be removed from his surroundings, or can we accomplish through counseling or some restrictions on his conduct a desirable effect?

We have numerous programs. We have about 30 different child agencies providing services, mental health services and other services, according to the needs. You find a lot of these youngsters are mostly disturbed. I am a great believer in psychotherapy and psychological counseling and trying to change their attitudes toward things and values. I think that can be accomplished by effective professional counseling.

And, of course, there are others who are just downright mean, and they are going to be mean. And I can tell from the psychological evaluation we are going to see this kid again if he goes out on the street. And I know he is going to wind up in the penitentiary. He is a sociopath. He knows what is right and wrong and has no desire to do what is right.

The old saying is you can't make a racehorse out of a mule no matter how much you run him. And we recognize with some of these children, it is necessary to put them away for the protection of society. Where there is hope, however, we utilize whatever counseling or group homes or whatever we can in the community to help solve the problem.

So you see, Congressman, why I can't just say what we would do with any given case. We would have to look at the psychological, the community, how much in conflict is the juvenile with his parents? If that is the case, possibly some family counseling would be helpful.

And I don't think we have a reputation of being a court that takes a serious crime lightly. We, indeed, believe the punishment should fit the crime. But when we have a youngster who is a victim of circumstances—realizing how impressionable many young people are, they get caught in situations due to their lack of experience where they are particularly guilty of a law violation but they really didn't realize the nature of what they were doing—these kids, we give all the understanding and mercy that the law should have.

Mr. **Beard**. I guess the frustration that I feel is that I don't feel that elected officials in this country—I don't think the leadership in this country—is really paying attention to what is becoming one of the most critical problems. And that is seeing our society turn into a drug-captivated society.

Now, we are seeing with the use of marihuana drugs, just like in alcohol, filtering down, going down, further and further to lower ages to a point of what is described as a potential epidemic in the junior high area. It is like we are sticking our head in the sand and just hoping it is all going to go away. You know something is going to happen. And I just wonder, do you think Memphis, Shelby County officials are doing enough to make people aware there is a criminal problem? Because I don't think people even know there is a problem.

You are right; I wish there had been more parents to come and sit here and listen. I would like them to listen to the young students who are going to appear in the next few minutes. It is really an educational process, and I think the adults in this country need to be educated and start opening their eyes and ears and find out what is going on around them.

Judge **Turner**. I couldn't agree with you more, Congressman. And I agree with you, too, that I always like to hear what young people think. We don't listen to them enough; neither do they listen to their elders enough.

Mr. **Beard**. Right. Do you feel there is good enough counseling as far as—like you do find the young person, you think there should be counseling, or maybe just the one, he has been a good kid, you can tell he got caught with a joint, victim of circumstances of whatever, but it may be he should go to a counselor and be told exactly what the law is all about, what the situation is with the drugs, and what it can do to you physically and mentally. Is there that type of program that you have to send the young people to?

Judge **Turner**. Yes, sir. We utilize for the most part our mental health centers as you know which are spread throughout the community and other counseling services, private nonprofit agencies throughout the community, as well as our own counseling staff in the juvenile court which is limited; we use largely community resources.

But I do believe nevertheless that there must be some unpleasant consequences for every unlawful act. And I think that young people do need to know that they are going to suffer the penalties of the law, whatever those penalties might be. And we are always exploring different areas in which we can develop some sort of alternatives to commitment of them to training schools, community alternatives.

For example, you might be interested in knowing we worked out a community service program just recently. We have the Memphis Park Commission, the public works and sanitation departments, the fire department and the county public works departments all involved. And we plan to assign many hundreds of youngsters to work, do community work, in private and nonprofit agencies as well as governmental departments as a part of their penalty to make some restitution to this community.

It would be unpaid work, incidentally, and on a voluntary basis. Of course, if they don't want to do it on a voluntary basis, we have other alternatives. So we think that is an alternative to commitment, one in which I think we can make these juveniles an asset to the community, the juvenile law violators an asset to the community, rather than liabilities.

And I just can't get away from the fact that even though we certainly utilize these counseling services to the fullest, these educational programs, I think as described by Congressman Evans couldn't help but be helpful. And I am very much interested in the film you mentioned. But there is no real substitute, I think, for detection and arrest and prosecution.

Mr. Beard. The call for decriminalization of marihuana certainly is not a solution, is it?

Judge Turner. No, sir, and I think those people who are calling for decriminalization of it ought to have their heads examined. I hope they are not present. They might be insulted.

Mr. Beard. They need to be present.

Judge Turner. I said who might be insulted.

Mr. Beard. Well, does the staff have any questions, Congressman Evans?

[No response.]

Mr. Beard. Judge, I want to take this opportunity to say once again, thank you for your ideas and your comments. I think that they will help us as to developing our congressional record.

This is the second time Congressman Evans has appeared in this type of hearing. The first was held in New York. And we are literally trying to develop a case to present to Congress and to the administration—we have representatives of the White House here—to try to get the Federal Government's head out of the sand, to try to get something going, to try to start facing reality. Because we have got an epidemic in the drug problem. Our problem has not gone away, as so many people think.

So we appreciate your taking part in helping us build that case. And we are very proud to come out here and do that.

Judge Turner. I appreciate the privilege. And I want to compliment the committee for its concern. Thank you, sir.

Mr. Beard. Thank you, sir.

We will have about a 5- or 10-minute break. And the next panel will be a panel of four students from Shelby County Schools.

[Whereupon, a recess was taken.]

Mr. Beard. We will come back to order.

The next panel will be four students from the Memphis City School System.

Let me also remind members of the media that there will be no last names used. We have not even asked the last names. There will be no shots, frontal shots, taken of the students, only back-of-head shots.

And we ask the students also and remind them it is not necessary for them nor do we ask them to relate which school they represent.

So with all that in mind, we can ask our four students to please come up and join us. And if we could just have our first name, so we know how to address you.

[Marcus, Maria, Debbie, and Christi were identified.]

Mr. **Beard.** First of all, thank you very much for taking the time to come over here. Please feel very free to say anything. Don't worry about whether it might be something you think we might disagree with or whatever. The purpose of these hearings is to try to find out what is going on, and we have a number of people to talk to. One group of people we want to talk to is the students.

A lot of times we spend so much time talking to our other bureaucrats or other politicians who have charts and graphs and everything, but we walk away not knowing what we have just heard. I found so far the students' input has been very interesting, and it has been very educational because the students we had yesterday were very open and very fine. We had a few arguments—not arguments, but differences of opinion. And I think it was good for both sides.

So we will just start off. I would just like to ask a question. We have had reports that have gone from one extreme to the other. Marcus, we will start with you, and we will just let all of you answer the same questions as you represent different schools.

How do you see the drug problem in your school? Is it getting to be more serious, do you think? And would you say a large percentage of the students use marihuana, use some form of drugs, quite frequently? Just kind of give me a general evaluation of the drug use in your school and how you perceive this—being bad, good, whatever.

TESTIMONY OF MARCUS, MARIA, DEBBIE, AND CHRISTI, STUDENTS FROM MEMPHIS CITY SCHOOLS, TENNESSEE

Marcus. I think we have a small problem with the use of drugs at the school that I attend—a very small problem.

Mr. **Beard.** In other words, you don't know of any cases of drugs being used at school or this type of thing?

Marcus. Right.

Mr. **Beard.** Do you know, as far as when you say "at school," is it the same like in your circle of friends and the student body when they leave school that participate in the use of drugs?

Marcus. A few. A few may.

Mr. **Beard.** A few may?

Marcus. That I know.

Mr. **Beard.** That you have knowledge of?

Marcus. Yes.

Mr. **Beard.** Maria, what do you think?

Maria. I would say a lot.

Mr. **Beard.** You say a lot?

Maria. Yes.

Mr. **Beard.** Would you say why?

Maria. I think it is more so in the junior high, because I remember in the junior high, I don't know, it was like the thing to do. And when you get in senior high, you start planning ahead; you start thinking, you know, planning for your future. And that is just not that much importance any more.

Mr. **Beard.** Junior high being seventh, eight and ninth grades?

Maria. That's right. It is real bad there.

Mr. **Beard.** You mean seventh graders?

Maria. Seventh, eighth, and ninth.

Mr. **Beard.** And mainly marihuana?

Maria. Marihuana.

Mr. **Beard.** Are you seeing any other drugs going on the scene?

Maria. No.

Mr. **Beard.** Quaaludes were mentioned yesterday.

Maria. When I was in junior high, I heard a lot about Quaaludes and speed and Valiums and things like that, but I never saw it. I just heard. Well, I am supposed to get so and so from so and so, and things like that. But it was mostly marihuana.

Mr. **Beard.** And in junior high, there was no problem? If anybody wanted to go get some, there was just no problem?

Maria. No; they could get it.

Mr. **Beard.** Just buy it right there? Could you buy it at school or buy——

Maria. Yes.

Mr. **Beard.** Buy it at school?

Maria. You could get it at the school anytime. It was most likely anybody you asked could get it or get you connections from somebody somehow.

Mr. **Beard.** OK, Debbie?

Debbie. Well, I feel that it depends on which group you are hanging out with. I'd say maybe it is 50–50 or 55–45. It all depends, you know, like I said, who you hang around with on how severe you feel the problem is at our school. But I do think that it is a problem. It is not that severe, though. But they do smoke it at school.

Mr. **Beard.** And are there smoking areas that are designated?

Debbie. I don't know because I don't go out there, but I don't think it would be in the smoking area.

Mr. **Beard.** But you see kids that are kind of high?

Debbie. It is not high, but it does happen.

Mr. **Beard.** All right. When you talk about it, do you think many of them are using it on a daily basis, every day? Do you have any idea? What would you say on that, Maria? Do you know a lot that use it on a daily basis?

Maria. I do.

Mr. **Beard.** Christi, how do you evaluate it?

Christi. I think that the problem has gotten a lot better in the last year. In 10th grade, when I was in 10th grade, it seemed to me there was a lot more people at school that were smoking it on a daily basis. We still have people in school smoking it on a daily basis, but it seemed to me in 10th grade, there was a lot. Mostly, it seemed about 85 percent of the people were smoking it on a daily basis.

Mr. **Beard.** Eighty-five percent?

Christi. Yes.

Mr. **Beard.** On a daily basis?

CHRISTI. That was a couple of years ago. Now, I say about 65 or 70 percent are smoking it on a daily basis.

Mr. BEARD. Now, 60 to 65 percent are smoking on a daily basis the way you look at it?

CHRISTI. Yes.

Mr. BEARD. Do you see the drug movement becoming a little bit more active in the younger ages now? Have you gotten any indications of that happening with the younger kids? That is what we are starting to hear about. And I wanted to know whether you see that.

CHRISTI. Yes; I think it is more in the younger kids because they are trying to prove themselves.

Mr. BEARD. We are talking about sixth, seventh, and eighth graders?

CHRISTI. I have seen it in sixth, seventh, eighth, and ninth graders. They are trying to get in with the crowd, a specific crowd. And they want to, you know. And a lot of times, if they smoke a joint, they feel like they will be accepted.

Mr. BEARD. Congressman Evans?

Mr. EVANS. Maria, do you think that drug use is higher in junior high rather than in high school?

MARIA. Definitely.

Mr. EVANS. Do the people who use drugs most in junior high continue to use those drugs in the high school or are they the ones that continue to use or do you seee heavy users discontinuing use?

MARIA. Well, sometimes I do and sometimes I don't. Like maybe you know some people start smoking marihuana in junior high. Maybe they don't, you know, think that isn't good enough; they might get to something heavy. But some people, they do it in junior high just to fit in with the crowd, and they stop. What am I doing here? I have got a future planned for. It is just not that important.

Mr. EVANS. Let me ask you why is it macho to smoke pot? Does that put a lot of peer pressure on the individual that a certain group is using it and that is the thing to do, to be a macho, or in with the "in" crowd or whatever term you use?

MARIA. Yes. I guess some people, too, the reason that they hear bad, they hear their friends, well, I got high last night, all that. And they kind of think to themselves they want out of curiosity, they want to try it. Some of them like it so they continue. It just depends.

I think most of them start out of curiosity and like it and continue.

Mr. EVANS. What effect does it have on them, do you think? Do you think it affects their grades?

MARIA. Yes.

Mr. EVANS. Do you think it affects their attitude? I mean, do they get to where they don't care about things like good grades and other things, that you don't much strive for that?

MARIA. Yes.

Mr. BEARD. These would be the babies.

Mr. EVANS. I am asking daily. Are we talking about daily users or people that start smoking every once in awhile?

MARIA. I think people who do it every once in awhile are kind of— they are more aware of the grades. They are concerned about them. That's why they don't do it on a daily basis. But I see people that do it at school, you know, daily. And they come in class, and they kind of fall asleep, and you know. They don't make good grades, not like they could.

Mr. Beard. Do the teachers ever acknowledge this or see?

Maria. Or see?

Mr. Beard. Do they do anything about it?

Maria. They will just say something like: "All you people that are coming in here with these funny looking eyes and sleeping on these desks, I'm just not going to have it." But they come in the next day with the same thing and, you know.

Mr. Beard. What do they do with the students—just let them continue to sleep there?

Maria. Yeah.

Mr. Beard. Have you all seen that? Is that pretty much how the teacher reacts?

Debbie. There is one in the junior high that if she sees anybody, if they just sit, she will take them out in the hall and search them.

Mr. Evans. She will take them out in the hall and what?

Debbi. Frisk them. Especially if it is after the lunch period.

Christi. They are supposed to search on any suspicion at all of either having it, selling it, or smoking it.

Mr. Evans. How do you feel about that? Do you think the teacher should be allowed to frisk the students?

Christi. No; not to frisk them.

Mr. Evans. If they have evidence of drug use?

Christi. I think if they show evidence such as every day or, not every day, but if they show enough and/or if they are failing or just barely passing, I think they ought to do something about it. But if they are making good grades and everything and somebody says or it is mentioned maybe they saw them sell a joint or smoke a joint, if they are good students, I don't think they ought to be sold a joint.

Mr. Evans. Do you think good students ought to be allowed to sell all the pot they want to as long as they keep their grades up?

Christi. That is just suspicion. I don't think they will sell all the pot they want to.

Mr. Evans. OK, I just want to make sure what you are saying. You are saying they shouldn't be able to frisk somebody because just another student said they are selling pot?

Christi. Right.

Mr. Evans. In other words, you think you have some rights?

Christi. I think they could ask them questions first. Most of the students will ask, and a lot of the people that are smoking the pot and doing the drugs are honest, too, if you ask them straight out.

Mr. Evans. Christi, why are so many using pot? You estimate 60 to 65 percent in your class or in your school—I assume in your grade—are using pot. Is that right?

Christi. Right.

Mr. Evans. That is now, and you thought it was higher in the 10th grade, 80 or 85 percent?

Christi Yes, sir.

Mr. Evans. Are we talking about on a daily basis?

CHRISTI. About half and half of the 60 to 65 percent, some will use it at school, and the other half don't. A lot of them feel there is a time and a place for it, and school is not the place. And others don't care. Like 30 percent are the ones that do.

Mr. EVANS. Don't care where they use it or what happens?

CHRISTI. Don't care.

Mr. EVANS. What is the general attitude of those people that don't care whether they use it or use it enough that it really makes them not care? How does that affect them and their attitudes toward school and toward their classmates and so forth?

CHRISTI. If they don't care whether they are using the drugs, they don't care about anything else either, really. They don't care. If they don't care enough about themselves to go out every day on a daily basis and smoke it, they are affecting their grades and everything, but they don't care about anything else of any importance either. The ones that feel like there is a time and place for it usually make the grades and pass. And a lot of them go on to college. And they care about their future and things that are important.

Mr. EVANS. Well, the thing that it does to those students who get to the point that they don't care, do you think that is a jusification for a law which prohibits the use and sale of marihuana?

CHRISTI. Yes.

Mr. EVANS. Which is existing now. Do you think we should change the law to legalize or decriminalize marihuana in view of the 30 percent of the people who have lost their incentive to succeed in life?

CHRISTI. I think it should be decriminalized because I have known of people at school that have gotten arrested for maybe an ounce of marihuana, and it messes up their record.

Mr. EVANS. Do you think we should maybe decriminalize driving under the influence because people are doing it to themselves?

CHRISTI. No; I think driving under the influence, people shouldn't just like drive while drinking. You shouldn't drive while drinking, but I don't think anybody should get in a car if their sense are effected in any way for any reason.

Mr. EVANS. Do you think those people who have quit caring about anything else except using the drugs, if they continue that and become a burden to society, do you think it is fair for the rest of the taxpayers who pay for those people because at an early age they got drugs and they have become a contributing member of society? Do you think you should pay your taxes to treat those people and keep those people up and pay the taxes to keep them from robbing everybody else to support their habit?

CHRISTI. No. But the people that don't care, I have gone to the same school for a very long time, and before that, I want to the same elementary school with the same people that I am going to school with now. And the people that don't care now didn't care in elementary school, but they didn't smoke pot.

Mr. EVANS. You mean to say that the type of people which——

CHRISTI. They start out——

Mr. EVANS. In other words, it is their attitude to begin with that makes them become dependent upon pot? Is that your opinion?

CHRISTI. Yes.

Mr. Evans. OK. So that would be a different situation than pot, making them have the attitude that they have.

Christi. Yes, sir.

Mr. Evans. OK.

Mr. Beard. I would like to ask if I may, Marcus, in your school, seeing there is not much of a problem, but right now, if you had the inclination and desire, would you know where to go or who to ask to put you in touch with someone where you could buy marihuana or other drugs?

Marcus. No; but I feel that if you would ask around, you probably would run up on a student that may know, could tell you someone.

Mr. Beard. You don't think you would have much problem?

Marcus. No; not too much problem.

Mr. Beard. Is that pretty well in line with everybody sitting at the table? Is that merely marihuana or do you think it would be much different in finding Quaaludes or cocaine or other drugs? Would you have much trouble finding that?

Christi. You could probably find anything you wanted within the schools.

Mr. Beard. Within the schools, you could find almost anything you wanted, including cocaine?

Christi. Including cocaine with the exception of any drug used to run up. I have never seen anything like that.

Mr. Beard. What?

Christi. A needle.

Mr. Beard. Oh, needles.

Christi. I have never seen any of that, but I have seen all the others. You can find anything at school with the exception of that.

Mr. Beard. Would you think it was an accurate description to say that the school system in Memphis—I mean the fact is, there is a problem, there are some problems, with drugs in the city schools?

Marcus. Right.

Mr. Beard. What kind of a drug educational program do you have? Is there an effective educational program in your schools that you think is working or how much time or how much information has been related to you in discussion or classroom atmosphere about the use of drugs and the problems?

Marcus, in your school, how much time have you spent being taught about drug problems?

Marcus. Very little time. Very little time.

Mr. Beard. An hour?

Marcus. No. Probably 30 minutes. Because you probably just in general, you maybe hear a teacher say that this is bad. Really, it is not taught at all. If you go into this teacher's room and she thinks someone is doing it, then she says it is bad.

Mr. Beard. So it is not a formal class.

Marcus. Right.

Mr. Beard. Is that the way you see it, too?

Maria. Yes. Like in junior high, you had health classes, but that was, you know, you learned things about the body and all that. But they never did really go that far into drugs and things like that.

Mr. Beard. Debbie and Christi, the same way, you have not really seen any?

Debbie. Not in the senior high. If you have a problem, I think you can go to guidance, but in the junior high, to me, it seems like, well, in health every year, all 3 years, it was just pumped into you, not constantly, but there was about 36 weeks spent in the junior high. They give out pamphlets and put a little bulletin boards and stuff.

Mr. Beard. But it was not effective?

Debbie. It wasn't effective, not to me.

Christi. People that want to do it do it. They don't listen.

Mr. Beard. You have an educational program, one of the people you can relate to, they can understand, not real heavy, but just say, for example, you have some pretty good antismoking ads on television that affected a large number of children who watch it. You know, it made an impact on them. It has already started to show it has made an impact. We can ask a lot of kids of 6, 7, 8 years old, what about smoking? And they will tell you because they have seen it on that public service ad that it is bad and causes this and can do that to you.

And yet, there is nothing like that on marihuana, on drugs. There is really nothing. Do you think this could possibly help, a good educational program starting from the first grade and being a continual thing?

Marcus, do you think that would help in any way?

Marcus. A little, but not much, because that is at the age of 16. And they tell them something is bad, you accept it. But all you can get, make a site to experiment due to influence of friends and older people.

Mr. Beard. But aren't they going to tend to experiment whether they have had that educational program or not? Because so many kids have used it anyway. They go to school and are going to know about that drug being there and be running with it. So they may still want to experiment, but when it gets down to them making a decision whether they want to continue, they might think twice about it because it has been put out that permanently destroys brain cells and could really cause some very serious problems. It seems like it would make a little bit of difference.

Marcus. That is what I said. It would make a little difference, but not that much difference. Maybe it would help them if you told them specific type because some of them may be just trying, you know, any type, and really not knowing the results of what this drug would do. Maybe it may be frightening then a little. But then, if they got enough push and don't have enough resistance—it is the weak student that, you know, I would say that leans to this way or maybe pressure and say, "I am going to do this," and maybe have a family problem, something like that, that tries it.

Mr. Beard. Maria?

Maria. Well, I would say if you brought them up well, the people who do it, they kind of, when they are lining, when they are smoking a joint, they have a nice high feeling and laughing and giggling all the time. And when they come down, they feel like they are normal. They feel like nothing happening to me. It is not going to hurt me. I have this feeling for a little bit, and goes away. And if you want to do it again, all I have to do is do it again and smoke and will again come down and be normal again. That is what is happening to me. There is nothing wrong with it. That is what they think.

I think somehow, they need to be informed of what it really does because, you know, you will hear something about all that marihuana did so and so. I don't believe that. And it is kind of like that attitude. Either they don't want to believe it or they just don't because they have used it, and they don't have any effect on it. It is doing nothing to me so that is what they think.

Mr. **Beard.** Debbie?

Debbie. The part about when you asked if they started in first grade teaching that pot and marihuana was bad for you, maybe when they got in the junior high, they wouldn't try it as much, but when you are younger, doesn't your mother tell you to eat your vegetables, and you get away from home, and you get a hamburger? Yet, when you have your own family at 25, you say, "Eat your vegetables." So it might help if you started in first grade, but then again, it might not because in the junior high, there is a little peer pressure.

You need a security blanket. You need something that makes you feel you are as good as John or Mary.

Mr. **Beard.** Is there any peer pressure the other way? Is there any peer pressure of the students who see what it is doing in some cases and put pressures on those who have already done it and say, "Look, you are out of touch"?

Debbie. Maybe there is some, but then, they will say, "Oh, man, you're a nerd." It doesn't help very much the other way.

Mr. **Beard.** OK, Christi, would you agree pretty much with what has been said?

Christi. Yes, I would agree.

Mr. **Beard.** Congressman Evans?

Mr. **Evans.** I am just interested in these people who are nerds. How does the drug user get the status that would make a person feel bad for being a nerd rather than all the nerds being in the majority and making the pusher feel bad because he was a pusher or a user?

Debbie. Because a pusher can find his own kind of people to hang around with, and he feels it is right. He wouldn't go with the other kind.

Mr. **Evans.** But if nerds were in the great majority and the users were excluded, wouldn't the nerds be the ones that were really the "in" crowd and the peer pusher be the other way for people not to use drugs?

Debbie. If it could happen.

Mr. **Evans.** But would it not have a chance of happening if a person knew from the first grade on that drug use was potentially bad for them, not that they couldn't smoke a cigarette, marihuana cigarette, without doing permanent lasting damage, but a realistic program which explains to them as they grow older in the beginning that it is bad?

But as they go on, it is, sure, you can smoke a cigarette and chances are if you never smoke another one, you won't have any problem, but you are taking a chance that you may like it, and it may get the best of you.

Do you think that that is a legitimate assessment of what marihuana can do to a person?

DEBBIE. On the education part, if you could show them a real life situation where it did harm the person, because when I was younger, I used to hear if you smoked pot, maybe your baby wouldn't have a leg. If they could show something like that and perhaps shock the students——

Mr. EVANS. Suppose it was just that your baby had a 50-percent chance of being born dead, which scientific studies have proved—at least in laboratory animals that that is the case—Dr. Satherrath in California has done research on Rhesus monkeys that would indicate that is the true situation, and the probability of children being born dead in smoking mothers is greater than 50 percent.

And you have seen the effects that marihuana smoking can have or heavy marihuana smoking on attitudes and ambition, have you not?

DEBBIE. I have seen it, but the people that did it in junior high and maybe were from medium heavy, a few of them have changed when they have gotten into the senior high. They have seen the other people, the ones that don't use it. They have seen that they can make something of their life, and their feeling goes into the other person. They feel that they, too, can make something of their life. So they change groups.

Mr. EVANS. What kind of people do the teenagers of today look up to? I mean, is it just the music stars, the rock stars or the—I'm serious. Let me share with you what I am getting at. If we could find those people who teenagers respect and people who believe that drugs are bad for you and no experimentation with drugs, and if those kind of people advocated that you not experiment with drugs, would that have an effect if it was done as the people come into the drug culture, as they come into junior high school, and they knew that these people were against it?

Would that influence the youngsters?

DEBBIE. It might, but not many people—I don't think many people—know that Peter Frampton doesn't do drugs.

Mr. BEARD. You probably need to tell him who Peter Frampton is.

Mr. EVANS. You better tell me who you are talking about.

DEBBIE. OK, he is a rock star and——

Mr. EVANS. I never got further than Rod Stewart.

DEBBIE. He got into music, and a lot of people like him, but he doesn't have to get the high feeling from drugs when he gets on stage.

Mr. EVANS. But suppose we cooperate with the Government in doing commercials and advocating that children that start at early ages are either junior high school students, commercials designed to appeal to those people, saying, "Stay away from drugs; it's bad for you," would that have a positive effect? Would that help the nerds outdo the users, do you think?

DEBBIE. Perhaps.

Mr. BEARD. It wouldn't hurt?

DEBBIE. It would help some. It would help to steer them the other way.

Mr. EVANS. What else would help? What do you think would help? You don't know of anything? You think it is a hopeless situation?

Debbie. No, it is not hopeless. And you do need to start young because by the time you are 17, 18, you have pretty well go your habits formed out what you are going to do.

Mr. Evans. But from what all of you are saying, the problem is more in the junior high schools than it is in the high schools because you have got some people that are strong enough to use the drugs for a period of time, and then gradually get off of them as they realize they have got more important things to do. And they have got a purpose in life, and they have got to get their head together and get a profession and make a livelihood for themselves.

So we know that some can make it through without any problem. But the more people who try, the bigger percentage that you are going to lose the other way. Wouldn't you think that is accurate? Wouldn't you think that would justify the concern of a committee such as this, that is trying to figure out the best way to have these people as few casualties as we possibly can?

Do any of you disagree with that?

Marcus. Would you restate?

Mr. Evans. I don't think I could restate it, but the question we are looking for is ways to reduce the number of casualties to drugs, those people who if it becomes a part of life and it hurts them subsequently in life. I am saying is it not a good cause for a committee such as this to be concerned with?

Marcus. Yes.

Mr. Evans. To try to reduce the number?

Marcus. Yes, it is a good cause, but I feel if the nerds begin to speak out—what happened, we let this small minority outspeak the ones who is not doing it. And it seemed like it is really bad.

For example, dancing. A person isn't dancing, they call them green or something like that. But a large majority of people can't dance. And there is a small majority that do. But we let them outtalk us so the ones that are not doing it should speak out.

If the students who are not doing it would just tell their friends to speak out, I think we can cut down. Really, groups like this would help but the students themselves are going to have to speak out against this to other students to really help.

Mr. Beard. Apply peer pressure from the other side.

Marcus. Right.

Mr. Evans. Marcus, excuse me, you can say that because you are in a school in which you are talking about 5- or 10-percent usage. Do you think it is more difficult for the people like Christi, for instance, where the majority of the people use? Isn't it more difficult for her to speak out in her situation, for instance, than it would be for you in your situation in which you are in the great majority and she, if she doesn't use drugs, is in the minority?

Do you see what I am saying? It is easier to exercise peer pressure if you are in the great majority and to discourage people from using. But I want to figure out some way the nerds of the world could rise and take over and convince people that their way is right.

Mr. Beard. That is just one of the things I used to get caught in the Marine Corps. The thing is, I think what happens is you have parents who are uneducated, teachers uneducated, elected officials who are uneducated.

I guess we are talking about educational programs on publicizing problems for everybody because you know everybody is just kind of walking around in circles in different directions and sticking their head in the sand, hoping it would all go away. Because we are all educated on drugs.

Because I have got to believe that if we knew more about it, if we knew more about the potential problems, and knew how to deal with them, that we wouldn't be reaching epidemic status. We are literally reaching epidemic stages in that we hear of students that really, there is no educational program. You don't really know what is wrong with it, what is right with it. It is just you really haven't been told anything on it, if it weren't for facts you know, what you have heard in conversations.

Is that an an accurate description of the extent of your educational consumption?

MARIA. Right.

Mr. BEARD. Just what you have heard from conversations?

MARIA. If they could do something, like I'm sure you heard about that special about prisons, the guys in the prison, and they sent those students in there. Did you see that?

Well, that was powerful. I heard students talking about that, you know, for months after that. And if something like that could be done, you know, it may not help everybody, it may not scare everybody, but I think it would do some good because that scared me. And I don't even do it.

Mr. BEARD. If you just helped sixth graders or seventh graders or eighth graders, it would be worth it, wouldn't it?

MARIA. That's right. I think it would. Of maybe even if you get hold, let's say, like people who were pushers, dealers, or users even, and get them to talk to people in the sixth or seventh grade, and tell them what it is like, people who are old, and tell them it is not worth it.

Mr. EVANS. I have one other question. Do you think if you could combine those two things with the so-called hero, I guess, for want of a better word, that the people that students look up to, discouraging drug use combined with a program of the scare tactics of what could happen to you if you go to prison, do you think that kind of a balanced approach would have a maximum effect on teenagers facing a choice?

MARIA. I don't know. That is kind of hard to say. I know that it would do some good. I know that. I feel sure it would.

Mr. EVANS. Or do you think the program with the prisoners would be the best by itself?

MARIA. Well, I think it should all be tried, all of it. Because you know maybe try one, and if that doesn't work, try another.

Mr. EVANS. Why do students not use heroin? Do most students know heroin is really bad stuff?

CHRISTI. People are scared of heroin more than they are of marihuana.

Mr. EVANS. OK, so that people are aware. Do you think if students knew that very bad effects could come from marihuana usage that that would decrease the number of people?

If the facts are that and we could get those facts out, do you think that would discourage some people from use of marihuana?

CHRISTI. It might discourage some, but like Maria said——

Mr. EVANS. If they believed it?

CHRISTI. If they believed it, and when you smoke a joint, like Maria said, they don't have a hangover, they don't get sick, so they feel like I am normal, and nothing drastic has happened to me. They can't even, they don't even, have a hangover to tell them that something is wrong with it. And a lot of people take what is happening to them now and don't even worry about the future. They take one day at a time.

And there was a program—Saturday Night Live is a well-known comedy show.

Mr. EVANS. I am with you on Saturday Night Live.

CHRISTI. And if anybody doesn't know who Frank Zappa is, he is a crazy, weird, musician. And he hosted Saturday Night Live. And through the whole show, he said: "I do not do drugs. I don't use drugs." And he said it through the whole show, which really, talking to a lot of students, really, they could not believe it.

His music and as weird as he is, they couldn't believe he didn't do drugs. And he is really in with a lot of the students that do drugs. And I think it had a little emphasis.

Mr. EVANS. You think it helped?

CHRIST. I do, that he just spoke up and said he did not.

Mr. EVANS. You see the problem is so big we can't approach it from just one angle. And what we are trying to do is find the different ways that might have a slight effect or even a little more effect, and to combine all of those ways to decrease the chances that we are going to lose somebody. That is what we are trying to do.

So any suggestions you have are helpful. And I certainly appreciate the testimony that all of you have given.

Mr. BEARD. Thank you.

Mr. CARPENTIER. Do any of you have a police officer in your school?

[All said, "No."]

Mr. CARPENTIER. None?

[All said, "No."]

Mr. CARPENTIER. What do you think the attitude would be toward a police officer in your school?

MARIA. I think it would cut down. I think it would cut down the usage. Most of it occurs at lunchtime, outside, and before school outside on the grounds. If you had—like I was standing outside one day, and patrol officers came through. Everybody was going crazy hiding the stuff. Hide the stuff; hide the stuff. Everybody just quit. They were scared to death.

Mr. BEARD. Don't the teachers know this or does the principal, anybody, walk out there? And don't they have somebody standing there knowing this is happening?

MARIA. There is a man that stands in front of the parking lot and makes sure the right cars are coming in and out and doesn't let people who don't have parking stickers in.

Mr. BEARD. The guy would walk around there at lunchtime and before school, he could see kids running there smoking pot?

MARIA. Oh, yes.

Mr. BEARD. Anybody who didn't know that would just be out of touch with reality?

Maria. Yes.

Mr. **Beard.** Why don't they just have somebody walk the area to keep the kids from getting stoned so they could pay attention in class?

Maria. I guess it is too cold outside; I don't know.

Mr. **Beard.** This has been very good. And thank you so much for taking the time. You are great witnesses. And we appreciate your being with us.

The committee will recess for 5 minutes, after which time we will start back with the panel of four students from the Shelby County schools.

[Whereupon, a recess was taken.]

Mr. **Beard.** The committee will come to order.

Let me reemphasize to the members of the media that the next panel consists of four students from Shelby County schools. There will be no last names, and there will be no mention of the schools that they represent. There will no formal shots by TV cameras or regular cameras of the students. This is for their own sake, and also there was the agreement, the automatic agreement.

So at this time if the four students from the Shelby County School System will come forth and grab your seat please.

Welcome, and thank you for taking the time to come and appear before our committee.

Let me first start off by saying I found the student witnesses have been very open, very frank. In some cases, they expressed very strong opinions on their own that may disagree with some of the things that I as an individual might think or whatever, but this is the name of the game. So don't hold it back; don't worry about what we think or anything.

We are here to hear your feelings, your attitudes, your concerns, on this problem. And believe it or not, I can't find those things out in Washington, D.C. In Washington, they are just charts or graphs.

If we could start with you, may we have your first name only?

[Lisa, James, Franco, Ken.]

Mr. **Beard.** And whenever you are asked a question, whoever is answering, put one of those two mikes in front of them.

Let me start off very quickly. We have had some interesting answers. I guess the first thing I would like to ask, and I will just start with you, Lisa, is: How do you perceive the drug problem in your school? Is there a drug problem? Do you find a lot of your fellow students use drugs in some form or the other? Is it a problem of usage? Are there a lot of people using it?

TESTIMONY OF LISA, JAMES, FRANCO, AND KEN, STUDENTS FROM SHELBY COUNTY SCHOOLS, TENNESSEE

Lisa. It is not really a problem. There is not really a problem. There is with some people, but not all of them, not half of them.

Mr. **Beard.** Are there many people using it? Are a lot of people who use some form of drugs, whether it be a problem or not in people's opinions because some say they can handle it or whatever? Do a lot of people use drugs that you know, marihuana, Quaaludes, some form of drugs?

Lisa. Some of them. Not all of them.

Mr. **Beard**. Not all of them. Would you say 50, 60 percent?

Lisa. No.

Mr. **Beard**. Thirty percent?

Lisa. Yes, 30.

Mr. **Beard**. Do many of them use it on a daily basis?

Lisa. No. Not every day. Maybe like every other day or weekend, but not every day.

Mr. **Beard**. But at your school, not that much of a problem?

Lisa. No, not really.

Mr. **Beard**. James?

James. Well, we are from the same school, and I don't think it is a big problem, but it is in the school.

Mr. **Beard**. Is it pretty easy at certain times of the day you can pretty well figure if you want to see somebody smoking pot, you know where they would be smoking it on the grounds? Do they do it at school or before or during the lunch break?

James. Yeah. It is around the school. I think if I want to find it, I could find it around the school during the lunch hour just about any time.

Mr. **Beard**. If you wanted to buy, would you be able to buy almost any type of drug you wanted to? Would you know where to go or who to ask or how to find it?

James. Not in school.

Mr. **Beard**. But would the people in school know who to go to if after school you wanted to pick up any kind of drug?

James. I know somebody in the school probably knows where I would find what I am looking for.

Mr. **Beard**. Lisa, would you know where to ask or would you have no problem finding out?

Lisa. Yes.

Mr. **Beard**. No problem?

Lisa. No problem at all.

Mr. **Beard**. Franco?

Franco. I wouldn't really say it is a problem at our school, but it is there. And as far as being able to get—well, I wouldn't say we have everything circulating at the school, but I believe you could maybe get just about everything you want. I really don't know, but I know marihuana is a problem there. You could probably get that easily, and maybe some of the other stuff.

But, you know, it is not really—I mean, the marihuana is there, and maybe a little bit of the other stuff, but everything is not circulating there at school, no.

Mr. **Beard**. Is there any way you could evaluate? Would you say 50-50 people who smoke pot or use some form of drugs? Would you say the majority of the students? Would you say 30 percent?

Franco. No. Very small percentage. Our school is very large so a very small percentage would use it on a daily basis.

Mr. **Beard**. Is there much use there on the school grounds?

Franco. You don't really have to look hard enough, but if you just look around, you can find it. I think you can.

Mr. **Beard**. Ken?

Ken. Franco and I go to the same school, and I am going to have to disagree with that because, I mean, if you want to call it a problem, then I would say probably 30 percent or 40 percent of the people that I know, and know of, smoke pot on a daily basis. And probably 85 percent use it on weekends.

You know, if you want, like I said, to call it a problem. I think it is more up to the individuals. If the individual can, you know, know that they are in the right place and right time for it it is just like alcohol. You know you wouldn't expect somebody to get drunk or something going to work or going to school, so why get stoned?

Mr. **BEARD.** Are you starting, Ken, anyway to see—I have been asking the other students—a movement or increased usage of younger kids now in the junior high levels more so than before? The statistics, the reason I ask is because we are getting awfully concerned because it looks like now there is an epidemic growing as to the use by fifth graders, sixth graders, just young, 11-, 12-year-old kids.

Have you seen any children?

KEN. No; I think the usage of marihuana is higher in the 12th grade. I mean, the smaller kids, not really. It starts more or less when you get into high school.

Mr. **BEARD.** Congressman Evans?

Mr. **EVANS.** I didn't understand, Ken, whether or not you said you thought that the number that does use pot constitutes a problem. Do you think a problem exists because of that number using pot on a daily basis?

KEN. No.

Mr. **EVANS.** What kind of pot are they using? Are they using Colombian or domestically grown?

KEN. Most of it is Colombian.

Mr. **EVANS.** Do you see any effects of it as to the attitudes of the students, see any change in them as they continue to use pot over a period of time?

KEN. No. I think that depends on the individual again.

Mr. **EVANS.** Do you see a change in some of them?

KEN. Yes; I have. I have seen a good friend of mine let pot go to his head. He liked it, and he did not know how—he just kept smoking it, and he got in trouble with his parents. And now, he is going to end up in the Armed Forces somehow.

Mr. **EVANS.** Do you think that is the kind of people we need in our Armed Forces? Or do you think maybe that is why Russia has such little respect for us—that the attitude they do have about us—is that we are more interested in getting high than we are protecting our country?

KEN. That is what happens. His parents—he is not leaving on his own; his parents have driven him out. They don't know how to cope with his problem. They tell him, "OK, get out." So he has one choice.

Mr. **EVANS.** That points up one thing; pot can be bad for some people, at least that.

KEN. Yeah.

Mr. **EVANS.** And, of course, everybody knows that pot is illegal.

Would you, if you were an advocate of legalization or decriminalization of pot, think a legitimate age would be 18 for it to be legal?

KEN. Only if you can consider the legitimate age be 18 for alcohol or 19, whatever.

Mr. **EVANS.** Well, do you consider alcohol age 18 being——

Ken. I do. I consider that legitimate.

Mr. **Evans.** Why do you think an age is picked such as 18 or 21 in some States—say 18, since 18 is the age you can be drafted under the prior law?

Ken. I really don't understand why because I have met a lot of parents who don't think any straighter than a lot of teenagers I have met.

Mr. **Evans.** What do you think? Do you think a greater percentage of adults has the ability to make a decision on a more rational basis than the greater percentage of people in the ninth grade?

Ken. Yeah. You know, I would not suggest making it for somebody who is in ninth grade. I was told by an adult once to always be disappointed in adults.

Mr. **Evans.** Well, adults are nothing but grownup children. That's for sure. And we are still talking about people.

But what we are trying to do is deal with a set of laws that are the best for the greatest number of people. Making laws is not an exact science. And people who are in Congress and the State legislatures, and city councils make mistakes. That is why we have these hearings, to formulate policies based upon the best information available, drawn from every source available.

We want to hear what you have to say, as well as what the law enforcement has to say, as well as what the school people have to say. And you have input into those laws by virtue of that.

Don't you think that is the best way to go about doing it?

Ken. The only thing I can say about that is I feel like I have no say-so whatsoever in the laws.

Mr. **Evans.** Have you ever testified before a congressional committee before?

Ken. No.

Mr. **Evans.** Well, maybe you will feel more like you have input after this.

Ken. The way I feel is that the teenagers, the adults are making laws for us that are going to affect us, and so we are going to be the ones living under these laws when they come about and everything. And some teenagers have no say-so whatsoever in these laws.

Mr. **Evans.** But the pot laws are for adults as well as teenagers. It is against the law for a 25-year-old to use pot just as it is for a 10- or 15-year-old.

Ken. I know, but what I am saying, you are making the laws now; we are going to be living under them when the laws come about, come into effect. It is going to be our world then.

Mr. **Evans.** Well, the situation is what the pot laws made in 1930; I am living under that.

Mr. **Beard.** I want to talk to you in about 15 or 20 years when you have got a teenager. It is amazing how you change. I remember saying something like that, too. It is amazing how a perspective changes a little bit.

Mr. **Evans.** The reason I appreciate what you say is that I have to agree with Mr. Beard. It wasn't long ago that I had pretty much the same attitude that you do; I felt that my life was being dictated by somebody and that I actually knew, you know, more about what I ought to be doing.

And that may be. Maybe I didn't know more than I do. But I sure feel like I did because the more I listen, the less I know.

But what I am trying to get at is do you think that it is a legitimate exercise of the right guaranteed by the Constitution of the people to determine what is best for the health and welfare of people? That is in the Constitution. It is generally in your State constitutions. And don't you think that people after they become mature, the greatest majority of them are better able to make decisions as to what effect certain practices will have on themselves, on their lives?

Ken. On these tests, OK. Are you teaching the monkeys how to smoke pot? Are you running them up with THC or what? See, nobody is going to believe anything, until you come out with proof, saying where it is tested in an adult, under right conditions.

Mr. Evans. Well, I don't think we could inject cancer into human beings. I think most of our research has to be on certain types of animals. And I have talked to the scientist who did the research, and I have found out what type of THC content that she force fed into the monkeys, and the extrapolation. Once you transfer that in the appropriate way in human beings, it would be equal to about a joint a day of marihuana. And this is over a period of 6 months.

So that is what those tests show.

Ken. But that needs to be stated.

Mr. Evans. I agree with you.

Ken. Nothing has ever come out.

Mr. Evans. I am as frustrated as you are because we haven't been stating that, and we haven't been getting the word out to people.

But you ought to know when you start to make a decision what you are faced with. And you ought to have scientific evidence with the basis for that scentific evidence. I get upset sometimes when the Food and Drug Administration tries to ban saccharin because I don't know what those tests were. And I don't know how they arrived at the situation with saccharin.

Why do you say saccharin may cause cancer? And the Congress for the last 2 years has continued limited use of saccharin because of the adverse effect it would have on people who can't use sugar—diabetics.

So I understand where you are coming from, but I am trying to get from you suggestions, not arguments, that we are going to talk from, and we are trying to listen to you.

Mr. Beard. If I may ask this time, and I think this leads into the question, I would like to find out what do they tell you at your schools about drugs? How much time have you received just talking about it where the teacher gets in and knows what they are talking about and says: "All right, these are some of the problems you need to be aware of as to what the drug scene is or being part of the drug scene can do to you"?

Lisa, how much time is spent?

Lisa. In health, they talked about amphetamines, barbiturates, and that is it.

Mr. Beard. In health, they would talk about barbiturates?

Lisa. Amphetamines.

Mr. Beard. What was that—just one time?

Lisa. Yes.

Mr. **Beard**. Out of 4 years. So one goes to high school 4 years, junior high, you talk about 6 years, you might have, what 30 minutes, an hour?

Lisa. About an hour.

Mr. **Beard**. Has anyone ever given you any details, James, on some of the problems that are caused except for what you just hear in the conversations on a formal basis? Has there been anything going?

James. No; except in the class in health.

Mr. **Beard**. What do you have? You take health your freshman year and/or sophomore?

Lisa. Sophomore.

Mr. **Beard**. Franco, how about your school?

Franco. I took health, and I didn't see too much in there about drugs. And when we were speaking of drugs, all they did was tell us about them. We didn't really know what the effects were. They may tell you some stuff like you have slow reflexes and all this stuff, but nothing that we really wanted to know like what it does to you. And I believe that is why a lot of people still use this stuff. Because, I mean, like they don't know what it will do to you.

I know one thing: I don't know what the name of it is—angel dust—I know a lot of people who will not touch that or even think about it because they have heard and read and seen stuff, what it will really do to you.

Like, say, marihuana, for instance, I don't know if it is really harmful or not. But what I am saying is people use it because they don't know either. They don't know, like they get high, whatever. And the next day, they see that there is nothing wrong with them, they are not seriously ill. They know they are not going to die, so they just go at it again, keep on going, keep on going. It is just like they have no fear of it.

Mr. **Beard**. Ken, have you seen anything you pretty well——

Ken. I had health, too. And all they tell you is it is bad for you and all this kind of stuff. But I think what people are looking for is some hard, cold facts.

Mr. **Beard**. It goes back to your point about——

Ken. Yes.

Mr. **Beard** [continuing]. We hear this everywhere we go. It was pointed up on talking to the students. But, you see, we have just really started studying the effects of marihuana. This is still a fairly new drug as to having created problems in our society. So now, clinical diagnosis and studies are just starting to come out on a pretty formal basis.

But would it be safe to say all of you, like Lisa, do you think, for example, they do come out with the hard, cold facts, no if, ands, or buts, that the use of marihuana on a daily basis or frequent basis can cause complete loss of brain cells, can cause cancer of the lungs five to six times quicker than cigarette smoking, can destroy or affect your reproduction capability, your trying to raise a family, do you think that could have an effect or make a difference with some of the kids whether they use it or not?

Lisa. Yes, I do.

Mr. **Beard**. James, do you feel that way?

James. Yes.

Mr. **Beard.** And people would listen? Not everybody would pay attention, but——

James. I think if they had facts only, you know, and people give in quicker because now everybody thinks it is God made like He made tobacco, grew up marihuana, and smoke like they said no effect, they live the next day, so keep getting it, keep getting the high.

Mr. **Beard.** Franco?

Franco. That is the same way I feel because I don't smoke, I don't mess with it, but if I knew it was going to kill me the first time I tried it, I wouldn't mess with it.

Mr. **Evans.** I think that is the problem with it because that is not the facts. And it is also factual that some people may use it on a limited basis for a period of time and not have any harmful effects. But, you know, do you want to take that chance? Do you want to be the one that has trouble? What about it if it may affect you?

Franco. I don't know. There might be others.

Mr. **Evans.** I know, but what about other people who know that is the same as a pack of cigarettes? It says: "Cigarette smoking may be harmful or can be harmful to your health." And some people smoke cigarettes, and some people don't. But I am sure that that caution has caused a lot of people not to smoke cigarettes. And if we could ever get that across that marihuana smoking not only may be harmful, but definitely is likely to be harmful for a moderate to heavy user, do you think that could deter some people?

Franco. I think maybe it would slow it down. Again, if a person wants to do it, he can do it.

Mr. **Evans.** You can play Russian roulette. And as long as you get an empty chamber, you are not going to harm yourself. But there is a chance there you won't. And I think that is marihuana.

What about it, Ken?

I didn't mean to get into your question, Mr. Chairman.

Ken. The only thing that I can see about that is coming out with stuff saying it may be and can be is not going to do any good. You are going to have to say the way it is, it is going to have to be stated. I might get killed especially in this town driving down the street. And, you know, people are still driving.

Mr. **Evans.** But you understand two things about the situation which really is that marihuana is not a substance which is constant. You can have certain types of marihuana. And THC itself is made up of so many different compounds that you can't say that every marihuana cigarette is going to be harmful because some of it is very weak, some of it is very strong. So how can you ask the Government to tell you that if you smoke 42 cigarettes in a week you are going to die?

The Government can't tell you that. And they could be wrong. And I think that is part of what has happened with marihuana is they have tried to overemphasize the harmful effects. And when people tried something that didn't happen, then they completely disregarded what the Government said.

But the danger of marihuana is what it can do under certain circumstances to certain people. And you may or may not be that person. So take a chance. You know, it is your choice, but know the facts. And then you take your chance with two things.

One, with your health.

Two, with the law.

And that is the problem, isn't it?

Ken. So legalize it where you could have some control over it.

Mr. Evans. You don't think you can have control over it if it is not legal? How would you have more control over it if it was legal?

Ken. If it is legal, you are not going to have people in it dealing to make money.

Mr. Evans. Did you know gambling was legal in a number of areas, and you have just as much activity with the illegal gambling in those areas as you do with the illegal gambling in other areas? That is not accurate, Ken. It is not valid. People are going to continue to do it illegally because of the money in it. And you are not going to have any more control over it on a legal basis just as they have not had any more control in New York and Oregon and other places where they have decriminalized it.

What they have, in effect, done is increase the usage of it because those few people who didn't use it because of the pure fact that they could be caught and punished are now using it. So you are not going to decrease the usage; you are going to increase the usage if you legalize or decriminalize.

Ken. It is on the increase anyway.

Mr. Evans. So are we going to make it worse? If you have five people dying, you want to increase it to seven just because it is getting to six or seven or eight every day? We can't try to just give up on the situation and say because it is increasing, we are going to take it off.

Why don't we do away with all the traffic signals and everything else and let people drive? Our deaths are increasing every year. So we should just forget about trying to enforce traffic laws and let everybody kill whom they want to or get killed or whatever? I can't buy that.

Ken. OK, you said there were tests being run right now that certain pot has more devastating effect and less percentage. As long as it is illegal, you are going to get it all. Because everybody is out for their buck right now.

Now, if it is legal and it is cheaper in the stores, nobody is going to be stupid enough to go buy from somebody trying to make money off and charge you some outrageous prices.

Mr. Evans. The facts don't agree with that. The facts show that if the price is less and they are making billions of dollars, maybe they won't make but millions of dollars if they have to decrease the price. But you are still going to have illegal activity. And you are not going to be able to control THC because it is a plant, and you are not going to be able to control the content. But, you know, that is beside the point because you are still going to have people with different metabolisms so that some of them are going to be affected and some of them are not going to be affected.

Mr. Beard. For another example, let me ask—this is kind of an interesting discussion: Franco, you mentioned angel dust and PCP. Nobody was using this. A lot of people say, "No way am I going to touch that," but are using drugs or other drugs, but wouldn't use angel dust because they have heard it would really be bad news for them.

Do you ever hear that in the conversation? Do you have a program that came out at your school and said, "OK, let me tell you PCP can cause permanent brain damage after one usage"? Was that ever done on a formal basis or just what some people heard in conversations?

Franco. No, it wasn't like people came out to the school and told us. It wasn't like that. The people on that found out. They either heard from where they are getting it from or just like plain conversation or they went out somewhere and read it. It wasn't like someone came to school and actually told them what would happen.

Mr. Beard. We are finding this is one of the big growth drugs starting to be on the scene a great deal. Because you could take $600 of raw materials on the basis and make maybe $20,000 from street sales on it. And there is not much control based on that approximation.

So when it really gets heavy, the only thing I would say in the conversation, I don't want to get into a debate right now, but just to say is the next step going to be more control of production of PCP, so let's decriminalize or legalize that and get the crime dollars out of it? And also, you have got a legalized drug.

We had a doctor testify yesterday we need to slow down on the production in legalized drugs. We are making drugs to replace drugs. And I don't know if that is the case or not. But the problem is whether it be marihuana, PCP, or whatever, we have got a drug-oriented society developing, booze, you name it.

Somebody made the point yesterday what does a 6-year-old kid see on television every day? They see this woman holding her head on television, see pills, she pops a couple of pills, and the next picture is of her, she looks like she feels good.

And he is right. They were right when they said that. All these kids watching, they sit there and watch time after time where it becomes normal. So you can always go back on booze and cigarettes and whatever, but when you start seeing more and more sixth graders, seventh graders, using marihuana on a more frequent basis, we have got to construct some solutions.

I really have to say I personally don't think decriminalization is a solution. There has to be another one.

I would like to ask real quickly, do you have law enforcement officers in your schools, nonuniformed officers?

Ken. Yes.

Franco. We do.

Mr. Beard. What is the attitude of the student body toward the officer? Is he accepted? Do you all think it helps? What is your attitude?

Ken. I think the people that disrespect our officer are the ones who let pot go to their head. They don't care how they look. And all they live for is pot. That is a conflict in their own character; that is not pot. If they can't cope with that, there are a lot of things they are not going to cope with.

Mr. Beard. Franco?

Franco. That is just about the same way I feel. Everyone at our school respects the police officer. But as Ken said, the people who don't care use it every day; it just blows their mind. They don't know what they are doing. I doubt if they even respect their own family for that matter, let alone——

Mr. **Beard**. Is there anything in the peer groups or group even, say, that see these guys that are ruining their lives, shorting themselves, where the students try peer pressure, trying to put peer pressure on these kids, to help them? Is there anything going on like that? You have seen a body and a mind going. And do the students have kind of little group meetings or anything like that—any peer pressure that way?

Franco. I am not saying there isn't, but I haven't noticed any. There may be. I mean, there may be some groups, you know, sort of like a person may have a certain friend and sees his friend getting on the stuff. He may stop his friend, but, you know, like people just going around asking other people to stop, I haven't seen that.

Ken. The only thing I say about that is our peer groups, you know, this may just be our school is pseudo because a lot of them will sit there and say, "Don't do it, don't do it," and the weekend rolls around, and they have a little bit to drink or anything, they are looking for it just as hard as anybody else.

So how can you say, "Well, listen, don't tell me how to do it when you run out and have you something to drink. You want it just as bad as we do."

Mr. **Beard**. What about you all? Do you have a police officer, a sheriff's officer, in your school?

Lisa. Yes, there is.

Mr. **Beard**. Do you think it is good? What is your attitude toward that?

Lisa. I like him.

Mr. **Beard**. You think most of the students respect the law enforcement officer there?

Lisa. Not all of them, but some of them do.

Mr. **Beard**. Would you say most of them?

Lisa. Most of them. He is really good, though.

Mr. **Beard**. Would you say, though, that the students who don't like him pretty well fit the category of what they described?

Lisa. Yes.

Mr. **Beard**. James, what do you think?

James. He's pretty sharp, pretty sharp. I think if we didn't have him, it would be like the other groups of students. There would be about 85 percent around. I think he sort of slowed it down.

Mr. **Beard**. Really had an effect on the use of drugs in school during school hours by being there?

James. I think so.

Mr. **Beard**. Well, do you have any further questions?

Mr. **Evans**. No.

Mr. **Beard**. Miss Salisbury.

Ms. **Salisbury**. I can't remember whether it was Franco or Ken who said something about some of the kids had problems with drugs and also have problems with coping. Or that is one of the reasons why they take drugs. Was that you, Ken, who said that?

Ken. Yes.

Ms. **Salisbury**. What I want to know is, if you don't think there are physical problems with taking drugs, what about if you had a counseling program somewhere you could go to to help you cope or help those kids who have problems coping? Do you think that counseling could help a kid not choose drugs as a way of life?

Ken. No, I don't think so. Like I said before, people are going to do it because like most people, well, I would say most people that try it like it. Most people that get high, they enjoy the feeling. OK, so until you come out with something saying that, you know, it is definitely bad, and this is the way it is, if you are an average pot smoker, you smoke the average pot we can get in Memphis or whatever, the average pot you get, there are different grades of pot and different percentages of THC, and until you can state up to a certain percentage or something is going to do this and this, then people are just going to say this pot they smoke is not as good as government weed. And it is all resonated and everything and is a lot stronger.

So, you know, it is not going to have the effects on me. Well, you are going to keep getting that.

Mr. **Evans**. Let me ask you something. Excuse me; I wanted to pursue this a few minutes ago.

Do you think that cigarette smoking is harmful to your health?

Ken. I don't smoke cigarettes. I wouldn't touch them.

Mr. **Evans**. The warning is, cigarette smoking may be harmful to your health—and that is a Government warning. And that research was conducted over a period of probably 40 to 50 years.

Now, what you are trying to say to us today, Ken, is that until the Government can conduct 20 or 30 or 40 years of study so that they can be sure that what they are saying is correct, that you are going to say that people ought to go ahead and use it if they want to use it?

Ken. I didn't say people ought to. I said people are going to.

Mr. **Evans**. Well, what I am saying to you is the Government doesn't want to make the same mistake that some of the agencies made in the beginning when pot first came out. And that was making all kinds of predictions of what would happen, and those things did not happen. And therefore, people discredited the Government.

But there has been sufficient evidence to identify that there is a good chance that heavy usage will cause certain problems, including loss of memory, reduction of brain activity, reduced potency for reproduction, things of this nature which the evidence is pointing very strongly in that direction.

But the Government should not and cannot come out and tell you that definitely in 79 percent of the cases, based on 30 years of research, that this is going to happen. Do you think they should until they do? And don't you see the problem? Because this is a fairly recent thing, the Government can't do that.

Ken. If it is reaching epidemic proportions it is reaching, I think the Government needs to get gearing, get their facts together.

Mr. **Evans**. But you can't change the years. You have got to study the life process and what effect it will have. You know how many years you had to study to determine whether or not a young man of

15 using cigarettes until he was 45 and developing cancer. That took a great deal of research. And research cannot be changed by time. You can't compress it, and you can't accelerate it.

And this is the problem that we have in trying to tell you that *x* number of people will be affected if they smoke Y brand of marihuana 13 times a week for 10 years. It just can't be done. But the warning is there that the indications are that it is harmful to you and in various ways. And you should be aware.

And I think the Government should let you know that.

KEN. I am aware of that, but all I was saying is that, you know, there are people that are going to be obstinate enough that——

Mr. EVANS. They are going to be able to do that regardless of what you tell them. They are going to be people that drive automobiles at 120 miles an hour, and they know the danger in that.

I agree with you, some people are going to do that, but we are trying to reach those that are a little more reasonable.

KEN. I feel like that is stereotype because, I mean——

Mr. EVANS. You feel like what is stereotype?

KEN. Saying somebody who is going to smoke pot on the basis of what the Government says you are going to do and drive the car 120 miles an hour.

Mr. EVANS. I am not saying those are the same people. I am saying there are some people who would do that. There are some people who smoke cigarettes. And yet, they know the chances are it would cause them harm.

So, sure, there are some people that are not going to go along with anything.

KEN. Can I ask a question?

Mr. EVANS. Yes, sir.

KEN. Why are alcohol and cigarettes still legal?

Mr. EVANS. Because it became accepted by society, and it became legal, and once it has become legal, you are not going to get rid of it. And that is why I am so strongly and this panel is so strongly trying to make sure we don't get potential cause of harm to the American people legalized because once it is legal, there is never a chance of getting rid of it.

If we can keep it from becoming so accepted that it becomes legal, then I think we have got a shot at it. Otherwise, we are going to lose it. And I just don't see that because I care about people.

KEN. Whether it becomes legal or not, it has become widely accepted very quickly.

Mr. EVANS. I agree it has become widely accepted. Is it too late? You are saying it is too late for us to stop?

KEN. I think unless these facts that I am talking about——

Mr. EVANS. Well, we are working on it just as fast as we can.

KEN. Well, until that time comes——

Mr. EVANS. And we are working from every angle that we can to get the word out to you. But I hope that it doesn't come that way. You may be right. You may be right; it may be too late. I just hope that it is not too late.

KEN. I feel like if somebody wanted something to be done about the cigarette—if the people you know that were in office, what have you, you know, because I know a lot of adults engage in consumption of alcohol, right? OK. So I feel like the reason it is legal and it is still there is because that is the lawmakers or the body, whoever is in charge, that is because they want it that way.

Mr. **Evans**. Well, they tried it the other way, as you know, with prohibition, but once it had been accepted, there was no removing it from society. And if they ever legalize pot, then we will never remove it from our society.

Ken. I feel like it could be removed if there was enough effort.

Mr. **Evans**. Look at the campaign against cigarette smoking. Right now, we are seeing a reduction in cigarette smoking. We are seeing restrictions on cigarette smoking. Everywhere you turn, some restaurants, elevators, airplanes. So you are right that it can be gradually reduced.

But why go that route? Why legalize it and then start fighting against it when 10 years down the road, the research is completed and you find out sure enough, it is in 90 percent of the cases going to cause a problem? Why not try to go cautious now in the laws that we are passing and keep it illegal and try to advise people as we are learning about it? And then, if we are right in that it is extremely harmful, we won't have to try to undo something that we let happen.

Ken. What if they find out it is safe?

Mr. **Evans**. If they find out it is safe, then people can use it somewhat.

Ken. Maybe.

Mr. **Evans**. So if they find out it is safe, then we haven't hurt anybody by discontinuing the use of it all these years. Because I don't think not using it is going to cause anybody any harm, do you? If you don't use it, it is not going to cause you any harm.

Ken. Except the individual pleasure they are going to be missing out of it.

Mr. **Evans**. I always found a lot of other pleasures, and I think probably you can, too.

Ken. Yes. That is each to his own. But every generation has had its vice. You know it is habit. And up to now, it has been alcohol. But things are switching around, and I feel like that if marihuana had been the thing to do——

Mr. **Beard**. It is not, real quickly, some circumspect answer. As a matter of fact, alcohol is the most pressing problem among teenagers today. But now what you have got is not only alcohol, you have got the young people combining alcohol and pot. And the results can be pretty tough.

Ken. But it is not only the young people.

Mr. **Beard**. Not in drinking, without any question now.

Mr. **Evans**. Not so the pot either. I agree with you, it is not only young people, but——

Ken. See, if pot had been the thing to do 20 years ago, pot would be legal now, and alcohol wouldn't be probably.

Mr. **Evans**. I disagree with that. I disagree with that because if that would be the case, it would be legal now because we have had 10, 15 years' concentrated use of it. And maybe eventually——

Ken. Not to the extent that it is now.

Mr. **Evans**. How many years?

Ken. I would say it is just these recent years. I know in our school when I first came to this school, when I first got here in high school, it was not nearly as widespread as it is now. I mean, this is just like the past 4 years.

Mr. **Evans**. Do you think we ought to change the law on the basis of just 3 or 4 years of usage?

Ken. No.

Mr. **Evans**. Maybe it will go away by itself.

Ken. No.

Mr. **Evans**. I don't think so, either. I don't think so, either. But anyway, I appreciate your views on it.

Mr. **Beard**. I think we have been interested, and you are very kind to have a word and let us know.

Franco. I have a question.

Mr. **Beard**. Before you ask it, let me ask real quickly; would you say alcohol, overuse of alcohol, is as big a problem in your school as use of marihuana? Or what do you think causes the most problems in your school?

Lisa, what do you think?

Lisa. It is kind of hard to say because just about everybody drinks. But there are a lot of pot smokers, too.

Mr. **Beard**. OK.

James. I think it is pot.

Mr. **Beard**. Pot. You have seen more people just really getting the lines really fouled up with pot overuse than booze?

James. Yes, in the schools. Because alcohol, it comes, they take a small bottle, the container.

Mr. **Beard**. OK.

Franco. Do you mean like school, during the school hours?

Mr. **Beard**. Just in general.

Franco. You mean beer and everything, don't you?

Mr. **Beard**. Yes.

Franco. I say alcohol is as big a problem or bigger. The problem is bigger.

Mr. **Beard**. Now, what were you going to say?

Franco. On a national basis, you know, when the guys buy, they buy, it from Colombia, don't they or whatever, they buy it?

Mr. **Beard**. They are buying it from Colombia, but now also, they are buying from Mexico. It is coming from a lot of places. And you have even got, say, legislators pushing bills to allow the individual growth, individual production, of your own marihuana in your backyard here in the States. They are growing a lot in my district, as a matter of fact.

Franco. Doesn't the buying and reselling affect our economy?

Mr. **Beard**. Oh, yes—well, no, not that much. It may to a certain degree maybe, but it is an economy—there is no bill made by the Government, no taxes paid on it.

Mr. **Evans**. You are saying if it were legal, would it have an effect on the economy? And of course, the answer is yes. If you had a legalization of marihuana, the growing and purchase and sale of it, yes, it would have. It would be a commercial transaction in our economy, sure.

Franco. I don't think they can, but what if they just totally wipe it out? Would that affect us?

Mr. Evans. I don't think that would have a detrimental effect on our economy no. Because now, it is completely cash transactions, underground. And there is no benefit to anybody as a result of it. I don't think it would have an effect if you completely wiped it out. It would not have a detrimental effect; it would probably have a positive effect because that money would go into the normal channels of commerce and would probably improve our economy if there were not such a situation that existed.

Franco. What about the people who sell it on a national basis? Are any of them caught?

Mr. Evans. Sure.

Mr. Beard. But fortunately, Congressman Evans has introduced a piece of legislation which I have cosponsored that we feel very strongly about—that fact that we are just slapping the hands of a lot of these people. We are just patting them on the back or saying "no, no," and sending them right back out into society.

As far as I am concerned, drug pushers should be thrown underneath the jail and be known that the big boys, if they get caught, are gone and may never see the light of day.

Mr. Evans. We are talking about drug pushers; we are not talking about your friend who shares his marihuana with you or something like that.

Franco. Like the people here, don't they get theirs through the guys up top?

Mr. Evans. But he doesn't get the kind of benefit out of it that the guy up top does. And that's why you start talking about millions of dollars a year. I think the profit motive—the only way you can deal with those people big enough to bring in shiploads of marihuana is to make the punishment commensurate with the kind of crime that they are committing and the kind of profits they are getting.

And if your classmate sells you a couple of cigarettes for 10 bucks, I don't think that classmate should get the same kind of punishment as the multimillion dollar operator who is making it possible for it to inundate our society.

Franco. Where do these guys get the money to start in business? I mean, it seems like anybody could just walk off the street and start, it seems so easy.

Mr. Evans. Well, I am afraid I haven't been engaged in that.

Mr. Beard. What you have is——

Mr. Evans. I think organized crime has a lot to do with it.

Mr. Beard. Organized crime is very heavily involved. And unfortunately, you have got successful businessmen in positions of prominence who look at it strictly as an investment like buying silver or gold or stock. They see for a $20,000 investment they might be able to see a return on the dollar of $200,000. So you have businessmen investing dollars.

Franco. How come we don't get them?

Mr. Beard. That is a beautiful question. That is just beyond belief why. We went down to New York and talked to the police officers, and you have never seen it. We got into vans, these one-way vans. And they took us down in areas heavy on drugs. And we just would sit there and watch them selling heroin right on the street.

And the officer would say, "You see those two guys? They are going to come to actual sales. You watch. They will walk over and kind of block the actual transaction to cover it up."

They had names for all of them. I said, "Why don't you go bust them?"

They said, "Because for every one of those, there is 10 inside the door trying to take their place. We are spending enough time trying to get the big ones."

The frustration is they spent 4 years on the biggest dealer going. They got him. And he is yet to go to court. That was 3 years before that conversation. It has been 3 years waiting. And the guy has been out just as actively participating and everything. We have allowed it to happen. And it is time that we start getting mean. It is time we start adding more sensitivity with the law-abiding citizen, the citizens of this country, than the bums that destroy our society for their own personal profit.

So your question is one that is asked probably by us every day. And if we had an answer, we would be able to tell you. But it is going to take the people of this country, it is going to take parents, students, the people demanding politicians to speak out.

Right now, nobody is demanding anything on drugs. You don't hear any conversations on drugs unless it affects you personally or your family personally. But as an issue, I haven't even heard a Presidential candidate spend that much time speaking of it. Still, when we talk about economic defense, Republican or Democrat, it is not one of the issues. I think it should be. It has reached the time now it should be one of the key issues in this country addressed by the leaders of this country.

But the people of this country haven't demanded that of the politicians. And that's what it is going to take. See, you are looking at one thing—when you ask a short question of politicians, you get a real long answer.

Any others?

Franco. When they catch these guys, how severe is the punishment?

Mr. Beard. Not severe enough. And Mr. Evans can probably address that better than I since he is the author of the bill. Mr. Evans, you might give exactly how your particular bill would, like for example, change this.

Mr. Evans. The problem often is that people get away scot free or with a minimal sentence. And if you've got $5 million waiting for you when you get out, you will wait 6 months or 1 year or 2 years.

My bill would simply provide that those people engaging in the importation or transfer of 100 pounds or more of marihuana, if caught and convicted, would serve a mandatory sentence of 10 years in the penitentiary. And a lot of people would like to make it stiffer.

I am having difficulty even getting that through Congress. But I think that that is the only way that we can put something commensurate to the enormous profits that are being made by these people smuggling boatloads and planeloads of pot and other drugs into this country.

Mr. BEARD. So you ought to let your Congressmen know. Tell them they should sponsor Congressman Evans' bill. See, that is one way to start right now. Write and say, I want to know if you cosponsored the bill. Write him, whether it be Congressman Jones or Congressman Ford and just ask this: Have you cosponsored Congressman Evans of Georgia's bill on mandatory sentencing for drug smugglers?

See what kind of an answer you get and fire back at them. And say: We expect that you would and would ask that you do that.

OK. Thank you. You all were very open, very fine, and I enjoyed this exchange. I think this is the thing that more people need to start literally getting out and going where the action is and talk to people who are on the frontlines about it. This is a lot better than charts and graphs we have been seeing in Washington. And you all talk back and make it a little bit more interesting, too. So thank you very much for taking time.

The committee will recess until 2 o'clock at which time we will have a panel consisting of teachers from senior high and junior high of Shelby County and Memphis.

So we will recess until 2 o'clock. The committee is recessed.

[Whereupon, at 12:35 p.m., the committee recessed, to reconvene at 2 p.m. the same day.]

AFTERNOON SESSION

Mr. BEARD. The committee will come to order.

We will start with the last and final session, the afternoon session, of the 2 days of hearings. And there will be a panel of four teachers, representing the Shelby County educators. And so if you all would please come forward, we will start right off.

Let the record show that Mr. Yates is the president of the Shelby County Educator's Association. And the other three teachers represent members of the Memphis Educator's Association.

Let me first say how much I appreciate you all coming and participating in this. It has really been an eye-opening day and a half for us, speaking with the students. We have had four panels of students preceding you, and I wish that we had more people out of Washington at times to talk to the students. It was very interesting.

The major purpose of these hearings, Congressman Evans and myself have been extremely concerned that we don't really seem to be making any headway or showing a concern as to looking for a solution to a problem, because we have got to acknowledge there is a problem, or trying to do something to educate the child better as to the drug problem and what the various problems are, mentally, physically, to be associated with drugs.

We felt we might very appropriately talk to teachers who are pretty much on the frontlines that have to deal with the situation and see what type of support you have and what you perceive the problem to be and possibly the solution to be.

So with that little opening, I don't know if there is an opening statement that anyone would like to make or a couple of opening remarks or summarizing. We would be more than happy at this time to let you do that.

Mr. Yates?

TESTIMONY OF CHARLES YATES, PRESIDENT, SHELBY COUNTY EDUCATOR'S ASSOCIATION; BECKY HOWARD, BARBARA SCOTT, AND ROBIN WALTERS, MEMPHIS EDUCATOR'S ASSOCIATION

Mr. YATES. I also served in the school system as a counselor. And, of course, my perspective would be from that as well as president of the Educator's Association.

I don't have any specific opening remarks at this time. I might have a little summary.

Mr. BEARD. Does anyone have anything to open with?

[No opening statements.]

Mr. BEARD. If not, we will go right to questions which is easy to do. What I would like to do is ask as the first question, which we asked the students to start with, how you perceive the drug scene here in the Shelby County school systems. Do you perceive it as a problem? Are there quite a few students that do smoke pot? And I am not necessarily talking about on the school property, although that is something we want to get around to. But once they leave the school, how many of these kids are involved in drugs of one kind or another? Do you see this as a bad or serious problem?

Mr. YATES. In comparison to what I have seen in earlier years in other school systems in other States, I do not see it, sir, as a significant problem here in the urban area.

Mr. BEARD. Are you aware of—would you say that there is very little participation? Do you see drugs on the school premises? Do you think that is a problem there?

Mr. YATES. I do not believe there is any vast amount of drug use on the campus. I know in discussing it informally with the students, informal surveys, some of them will give indications as high as 50 percent. But I also know these students are the ones that associate with other students who are involved. And from their perspective, almost everyone tends to use drugs.

But I don't believe it is really all that bad. Certainly in Germantown High School where I am more familiar than any other place, it doesn't appear to be a significant problem at all.

Mr. BEARD. Ms. Scott?

Ms. SCOTT. Well, I feel that there are some students who are doing drugs these days. I don't think that our school system is any worse than any others. And I feel one of the main factors that they are probably smoking marihuana is because of peer pressure. And it goes on to the environment, the home, et cetera.

But I do feel that most of them do it because they want to feel good, you know, starting from that and then working into the other problems.

But I disagree with all the material that I have been reading about the great percentages now. Our school has been known for working with the drug program and trying to alleviate the problem. And we have been working on a prevention care, if you call it that. Anyway, we are working on it. So I don't really think ours is any worse than anyone else at this point.

Mr. BEARD. Mrs. Walters?

Mrs. **Walters.** I teach elementary school, teach first grade. And I am involved in a program at the Memphis Magnet School, alternative school. We were chosen as one of five in the Nation in which we would do the prevention on the elementary level. And I feel very enthusiastic and positive about the kinds of things we are trying to do. And I think that is where things ought to start.

And obviously, we have a problem already at a high school or junior high level, but I am more interested in prevention rather than intervention. And I feel very good about our school. And I don't think there are any instances of first through sixth grade, kindergarten through sixth grade, of any drugs of any sort being used, certainly on the school grounds.

Mr. **Beard.** Are there presentations made to these students in the first to sixth grade or anything dealing with drugs?

Mrs. **Walters.** We never mention alcohol or drugs. In other words, we are not involved in an educational program as to the attributes of these substances. Our particular rationale has been to address ourselves to the children in terms of their self-concept in hopes that they will develop a good or positive self-concept, learn to make choices about their lives and, therefore, grow up to be less inclined to make decisions according to peer pressure and more inclined to make their own decisions.

Mr. **Beard.** You find again that a kid that stands out as an underachiever, a kid that might project, that is a certain, I guess, stereotype, whatever that is, is going to be more potentially vulnerable to the use of drugs because they are underachievers, insecure, whatever, and those are the ones you tend to spend a little special attention with to build up confidence in them?

Mrs. **Walters.** Probably we do end up spending more time with them because they may have a particular problem. But we do not consider the kinds of things we are doing as separate from the curriculum.

Mr. **Beard.** So it is learning disability?

Mrs. **Walters.** He will be dealt with according to the learning disability, but the kinds of things we have been doing have been integrated into the curriculum.

If an issue comes up, they deal with it, say, in a group meeting. And things are brought up and discussed. But we have been trained as facilitators over the last year by folks in Miami and have been doing all sorts of things with the children from pretesting in which we ask them if they would like to be anyone else, who would they be, to posttesting when you ask that same question.

And it was an interesting percentage pretest. There were 80 percent that wanted to be somebody else. By post-test, only 10 percent wanted to be somebody else.

Mr. **Beard.** Maybe you will get a program for adults.

Mrs. **Walters.** The teachers have been participating also, and it has helped all of us. And parents have been heavily involved. And I think that is a key factor.

Mr. **Beard.** Mrs. Howard?

Mrs. **Howard.** The program at my school is very similar.

Mr. **Beard.** Are you senior high?

Mrs. Howard. Right.

Mr. Beard. Is everyone else here senior high?

Ms. Scott. No. I am junior high.

Mr. Beard. Excuse me.

Mrs. Howard. The philosophy of our school is very similar, although we work with a different kind of students, with students who have been labeled a different way. We have students who have been suspended from the regular program, and that would lead you to believe that we are getting the bottom of the barrel, but that is not necessarily true. They are students just like everyone else and have the same problems and same needs in which we attempt to meet.

I believe your question is, is it a serious problem? It is a serious problem in that anything that interferes with someone being their best self is a serious problem. And so that is the sort of approach that we take.

The drug use that we see in our school, even though we have students who have been suspended from the regular schools for drug use, I would not characterize as any more heavy at our school than at any other school in town. And I think the drugs that are in our school are reflective of what is going on in the community; that they don't use drugs any more at school than anywhere else.

As far as drug programs, our whole school is designed around giving students skills to live their daily lives and that handling drugs is one that is one of the problems they face. And one of the skills we try to offer them is alternatives. It is an alternative skill, alternative ways to handle their problems, and not just drugs, but any problem.

And we also do not specifically say we are doing this because you take drugs. That is not our approach.

And she mentioned the training from the Office of Education in Miami. I went through that training program. And I am not a drug user, but of all the courses that I have ever taken, that probably helped me more as a person in my own life than anything else I have ever done.

It was on how to be your best self and solve your own problems. And I think if it is helpful for an adult who is college educated, it certainly should be helpful to children. And I think I certainly should respond in that light.

Mr. Beard. Do you think the teachers receive the proper tools and the proper support and proper guidance as how to deal or how to recognize drug problems? We were told by the students and also by law enforcement officers that really, I guess mainly law enforcement officers told us, the students also, that the teachers never have the opportunity to learn about drugs so, therefore, couldn't identify problems in many cases or how to handle them or deal with them.

That is a very general statement, but does that make sense?

Mrs. Howard. I think systemwide, that is probably true, although we have specific programs in specific schools that are working very well. The teachers as a whole have not had access to them.

Mr. Beard. This is the thing that is what confuses me. Let me just jump on that real quick before I forget it.

Every student that has been here has stated that the extent of any program that he could identify with and be aware of, anything going as far as the points about drugs and how it can affect you and what the problems may be, was when they took health in ninth, I guess, 6 months of health, which part of that class did relate to drugs. The rest of them said that is it.

Is there something more than that?

Mrs. HOWARD. About drug education? You mean education about drugs per se? That is probably it. But I personally don't feel that you can solve a drug problem by explaining what the drugs are and what they will do. That might be beneficial; at the same time, it might simply give them more information to, you know, increase their use.

Mr. BEARD. There were students here that said, some students saying about heroin, the word had gotten around and been laid out in pretty clear terms heroin could destroy you. I had a couple students saying angel dust has gotten around pretty much in their group that this stuff can destroy your mind permanently. So a lot of the kids that are interested in using drugs or some form of drugs wouldn't touch that.

I am looking at something to help maybe cut down the number of drug problems, understand the kid. If it happens a kid is already involved in drugs, that is one thing. But every student has said that they feel it would cut down if you come out and shoot straight and no if, ands or buts about saying it, not giving confusing statements, but saying it is now being shown that marihuana can do this, do that, or do this; it could have an effect, positive one.

That is what we are interested in. What do you think as teachers?

Mr. YATES. Regarding the health class, that is probably standard health class in the 10th grade which every student is required to receive in Tennessee. And some of the knowledge or information would come with that.

I seem to agree with the other teachers that a separate program of information for these students would not really accomplish our goals. A person at that age wants to see something tangible here and now. And telling them that their body is going to be damaged in the future just does not come across.

We need to deal with the image that the drug culture has, I believe. All of our heroes today on TV, the media, and everywhere else, are involved in drugs. I say "all," that is a general statement. But this comes across to the young people this way. You read about it all the time. It is the macho effect for the young boys and some other effect for the young girls. This is what we need to deal with.

At another school system, I was involved in sort of an educational system called CODAK. It did not involve teachers, administrators, adults teaching and giving information to students and young people, but it involved student to student on a one-on-one basis—a volunteer program. I was the sponsor. But it was run by the youth.

It was the most effective program of this type I have seen. And that was in the early seventies.

If we are going to get into the drug education program, I would recommend something along those lines rather than a formal class. I know a lot of the teachers are perhaps not as knowledgeable of the various types of drugs, probably many teachers would not know what angel dust is or recognize it. I don't know as it is necessary for them to be.

Perhaps the effects is the simplest way to see on the student after they have been involved in drugs would be, of course. But I think we are going to have to get these students peer coverage, working one-on-one, if we are going to succeed in an educational program. And it can work that way, I believe.

Ms. SCOTT. In the junior high school program in some of the schools—I think at least about four—we have a new course called "Social Action." We do deal with the drug problem, but it is not just a setup primarily to deal with the drug problem. I know there is a particular unit where we do teach students to feel good about themselves or improve their self-concept. And in the process, we do talk about drugs and those things that bother students.

In this particular course, they are able to, for once in their lives, talk to the teacher, to express themselves, tell what is really bothering them. And a lot of times, they will admit they are doing drugs. But it is mostly on an experimental level.

I have yet to find a student in this particular class, which is in my third year teaching, to be a drug abuser, a drug user. On an experimental level, yes, sir, but not a drug abuser. And many times, he is doing this primarily because of peer pressure or that he has heard something new, and he wants to try it. But we are not talking about hardcore drugs either—mainly marihuana and occasionally Darvon or a pill, something like that.

So I feel that overall, most of the teachers in the system are not aware of the effects of the different drugs. And I am not so sure as to whether maybe we should have a program to educate all of them. I don't know the answer there. But I do feel that maybe many more of us should know the effects so that if we see a student who is perhaps sleeping constantly in class or who is hyperactive, maybe we could refer him to the counselor and get some help and find out what exactly is the problem.

But I think there should be more drug awareness maybe for the teachers so that they would be able to deal with perhaps the behavioral problems in the classroom—not to say that all behavioral problems are drug-related. I am not saying that.

Mr. EVANS. Could I ask a question?

Mr. BEARD. Yes, of course.

Mr. EVANS. Did I understand you to say that in discussing the drugs, the use of drugs by some of the students on an experimental basis, that you were not talking about harmful drugs; you were talking about marihuana?

Ms. SCOTT. No, that is not what I said. I said I was not talking about hard-core.

Mr. EVANS. I am sorry; I misunderstood you. That bothered me because the evidence that the scientific community is turning out now does indicate that marihuana is a very harmful drug. And I think this is something that, as the evidence becomes more and more readily available, I think the teachers need to know about it. And they need to know how to recognize people who are using it and some of the things that causes it in people.

Mrs. HOWARD. I think in the Memphis City schools, it has been my perception this year that the use of marihuana is considerably less than it was last year. I don't know whether that can be attributed to Dr. Herenton's stand and community awareness. And I am not saying drugs are not there; they may simply have switched to pills which are not as easy to detect. And I think Mr. Yates mentioned that in his letter.

Mr. BEARD. Is the use of Quaalude starting to come?

Mrs. HOWARD. Yes; and Miss Scott said something about educating teachers. I think teachers do need to know about the drugs. I think you probably would be better off educating teachers than educating students because I think——

Mr. BEARD. Yes, that was mentioned, too.

Mrs. HOWARD. But I think when you educate about drugs, you also need to have a large section of the course dealing with why. Information by itself, to me, is not all that useful. I need to know why the student is doing that, what are his reasons, what is causing him to behave in this way.

And I think when you start dealing in those areas, just simply knowing what a drug is and what it will do doesn't really help you deal with the whys.

Mr. BEARD. What are some of the reasons that you are finding? When we talk, what is the most dominating reason why kids would go into drugs?

Mrs. HOWARD. Peer pressure. All the things that make someone unhappy in life or maybe seeking. There are as many reasons as there are children.

Mrs. WALTERS. Wanting to feel better.

Mrs. HOWARD. Wanting to feel better. Everybody is doing it. I want to be part of the crowd. Why not?

Mr. BEARD. We found that you can ask the kid—and we said this several times—what are the problems with smoking? And he will tell you because we have seen the public service ads on television. There has been a big move on the Surgeon General says this and that, especially with the young kids. All the time for several years now, you see these antismoking ads.

But yet, you ask a lot of the people about marihuana, they really don't perceive it as really being harmful. Is that an accurate description?

Mrs. HOWARD. I think that is true, but I also question, are there any hard data that the smoking show that cause people to smoke less?

Mr. BEARD. Yes.

Mrs. HOWARD. There is? Thank you.

Mr. EVANS. There is a great deal of reduction of certain types of people, ages and classifications of people, as far as smoking, for instance. Males have cut down substantially. And all the population has, but I think it has been more males than in females.

Mr. BEARD. I have two children who watch those ads.

Mr. EVANS. That's right. I know my own children get onto their mother about smoking.

Mrs. HOWARD. I think part of our credibility as adults is we did not give accurate information about drugs in the beginning.

Mr. BEARD. We didn't even know. I am totally ignorant. I didn't realize it was such a total generation gap. But I even know beer was the biggest thing going. I didn't even know what drugs were. I never heard of them.

Mrs. **Howard**. Beer is still around.

Mrs. **Walters**. Beer is still one of the biggest things going.

Mr. **Beard**. Alcohol has not been replaced as the No. 1 problem. The problem is they are combining the two, combining drugs and alcohol, which is going to be a very devastating thing.

Mr. **Evans**. The problem with alcohol, though, is that we not only see that as being the kind of problem because you can detect it, you can smell it. They have to carry a package that is big enough to detect in order to use it.

But the thing I want to concentrate on is Mr. Yates, you contacted the committee and indicated that really you don't see that many people on a personal basis about drugs, you are not aware except by hearsay of the drug problem.

When you state things like you don't think it is a serious problem or it is no worse than it is in any other school system, well, I would first like to say I don't think we came here expecting it to be any worse than it is in any other school system because we believe that the problem is bad in most of our school systems throughout the country.

But you have got to pick one out, and you have got to start somewhere. But when you say the problem is not bad, what do you mean? Do you mean that you don't have students that are causing discipline problems because of drugs? Do you mean that you don't have them smoking in classrooms?

I just don't know what you mean. Because I know that the primary responsibility of a school is to educate the children and to maintain some discipline while they are there. So that if a child is using both and not causing any problem and staying out of the way, is he a problem? I would guess from your testimony you would probably say no because he is not doing any of the things that would interfere with your responsibility or your job.

Am I right or wrong on that?

Mr. **Yates**. You are wrong.

Mr. **Evans**. I am wrong. What do you mean by a problem?

Mr. **Yates**. Well, I can't give any specific degree. Of course, we can recognize if there is one student who has a drug problem that is not good.

Mr. **Evans**. Well, I understand that, but I am talking about——

Mr. **Yates**. I don't know to what degree the problem does exist. As I said in my statement, I do not come in direct contact with it. We don't have students, for example, as you mentioned smoking in classrooms.

I know from time to time that our high school—and, by the way, I did not intend to imply any comparison between our system and any other; I am just speaking for our school, really, and the system to some extent—we don't have many that I ever hear about.

From time to time, I hear where one is arrested, but it is not very often, not even perhaps monthly. I would rather there not be any—I don't want to convey the idea I am not concerned about drugs with any students involved in the drugs. Certainly, I think that is bad.

I do have parents who call and tell me their son or daughter is involved in marihuana and want me to do something about it. Well, they haven't been able to do anything about it, and I am a chief and counselor and educator, and very rarely have I ever been able to or can I do anything about it either.

As someone else mentioned, we need to know why that student is involved in drugs to begin with and solve that problem. And that will solve the drug problem. But that is very difficult to find.

If I have to call a student in my office to counsel, rarely will I get anywhere with that student. They have to perceive they have a problem and come in. Then I can perhaps deal with it.

Mr. EVANS. But I don't understand what you base your assessment on that there is not a problem. But I am just trying to find out because if in fact the students are not smoking in classrooms, which I never thought they were, and if in fact you don't have any students falling out of the classroom or causing a disturbance, how would you know what students are smoking or using drugs if they don't cause problems in the system?

Mr. YATES. Well, occasionally, I hear where the deputy sheriff assigned to the campus has arrested someone or taken them into the office. I don't even know whether they arrested them or not on the campus. They saw some action out there. Perhaps smoking or doing something. That is the type of thing, the only type of thing, that I have knowledge of.

Mr. EVANS. Well, this is why I suspect that the incidence of marihuana use may be much higher than you might suspect. All of our statistics indicate in every kind of law enforcement that every bit of marihuana or other drugs interdicted or for every person caught, there are many, many more for each one of them.

So if you find some one person smoking, you probably missed a dozen or more who were also smoking who just didn't get caught smoking. And I am wondering what you consider to be a serious problem with marihuana use or any other drug use.

Mr. YATES. Well, I don't have any specific degree, a certain percentage surveyed. Occasionally, we had someone falling down the stairs as I have known to happen, problems in the classroom, or discipline problems where the teacher couldn't handle the situation related to drugs, yes; things like that certainly would be a problem.

They are not occurring as far as I know.

Mr. EVANS. Suppose 100 percent of the student body was smoking pot, but they were behaving themselves while they were in school and not causing any problem. Would you have a problem?

Mr. YATES. They would have. I would be concerned about—if it was possible as a counselor, yes. I would be concerned about certain effects of that in the future.

Mr. EVANS. Do you personally get any training or have you had any training as a counselor as to the latest scientific evidence regarding the use of various drugs, particularly marihuana? Would that be helpful to you if you had the information?

Mr. YATES. Well, I don't get any training. I think I have access to information because I remain abreast of information on that type just on my own. I am aware there is increasing amounts of evidence in research still inconclusive, but certainly very strongly indicative there are problems of chromosome damage and that type of thing showing up in following generations. And a surprising number of students have this knowledge.

They read these things. They are in the Reader's Digest, other current news magazines. They have got it.

But this, I wanted to say earlier, this is not the type of thing, I think, that impresses the students because it is going to happen later, not a here-and-now thing. And this is what they deal with.

Often, we approach these things as adults looking at them from that perspective. A 16-year old kid does not when he has this peer pressure, this other type of thing, and they see the world coming to an end and all sorts of things going. And this is what they use to justify these things. They are not worried what is going to happen to their offspring.

Mr. **Evans.** What is the chance of getting peer pressure on the other side of the fence? What type of programs do you think it would take to create the macho image of not smoking marihuana? That is the macho. Like the old Marine Corps that used to be. What was macho was being in good physical shape and being strong and fit. How did we get it turned around? How do we get it to where the people who are the "in" crowd are the ones who do not use drugs and abuse their bodies? Do you have any ideas along that line?

Mr. **Yates.** You read about the jet set, watch TV, watch TV commercials, and all of these things, the "in" group, all of these people, rate these things high. If you are reading about the respected athletes and the kinds of problems there all the time, seeing Government figures, let's face it, it is going to have to be eliminated there.

The things that these young people look up to, all the concert stars, the musicians that they respect and admire—and I have been to concerts, I know whereof I am speaking—are involved in these things. Everybody is lighting them.

To get the pressure on the other side, we are going to have to do something about that first.

Mr. **Evans.** Well, your points are certainly well taken.

Mrs. Howard?

Mrs. **Howard.** I would like to respond to that. I think that the information that you keep talking about, and I think that is good, but if Mr. Yates had information and the structure of the school was not such that he ever had an opportunity to use that information, it really doesn't do a lot of good.

Mr. **Evans.** How would you structure the schools to do it then?

Mrs. **Howard.** In a regular high school, to go to English and you take English, go to math, and you take math. As he said, if the child recognizes he has a problem, he comes to counseling. But somewhere, the school as a whole needs to sit down, maybe at the beginning of the year, and assess where it is and set goals, not the principal and not the teacher separately, but together. So that the whole school knows where they are trying to go and how they are going to get there.

Whether they achieve that goal, that is something else. And somewhere in the schedule of the day, there needs to be a period where—or maybe not every day, but some time where students get together and do things like set their own goals, and assess who they are and where they are going, and what they want out of life and how do they get there.

These are the kinds of—when I say "skills" that children need to be taught to survive in the world. As a school system, there is nowhere in the structure where that is built in.

If you have a very good administrator, he will either cause that to be built in or have it to be built in. If he is aware. Many of our administrators are not. They are not trained to think along these lines. And they are not even aware that this is a possibility and a necessity in my own view.

A lot of problems that we have would never get to be problems if we took care of a little homework on the front end.

Mrs. **Walters.** We are supposed to be treating, dealing, with living, with the whole person, the whole child. And I think Mrs. Howard is right, we have been too myopic.

Mr. **Beard.** Is the only way as a counselor or kid gets to a counselor that he or she kind of goes to that counselor, initiates it? Or is he referred?

Mrs. **Howard.** But if you are referred, you are labeled.

Mrs. **Walters.** It doesn't matter how you got there.

Mr. **Beard.** So really, so that——

Mr. **Yates.** There are many different referrals—parents, teachers, administrators, the student voluntarily comes in. But as was indicated here, they are all labels. And everybody thinks what is wrong? He is having to see the counselor.

Mr. **Beard.** If you had a kid and you are counseling and he is involved in a drug and you have done a little study on your own about it, yet you feel a little bit incompetent to really handle the drug part of it or a kid gets called into school on several occasions and is suspended for 3 days and comes back, is there any place for that kid to go? Where does that kid go?

Ms. **Scott.** You can call the mental health center who will send out counselors who will work with those groups of kids who have problems.

Mr. **Beard.** How many people are employed in the mental health center? They have got a program, but they are pretty limited as a result of wholly inadequate funds.

Ms. **Scott.** Their services are limited, and I imagine they try to see as many as they can, but I know we have groups like that, so I am speaking of personal experience. We have groups where the counselor comes out to talk to our students.

It is not always necessarily to talk to a group of students who have drug problems. There are other problems, too, that they come out and deal with. But right now, I'd say the mental health center is our best bet at this point.

Mr. **Beard.** So there is a structure there. The structure might be a little bit bigger or better filled, but it is right now all you have got.

Ms. **Scott.** I was thinking along the lines of what Becky had said. If we had a program at the beginning of the year that involved the total school, then it would alleviate a lot of the problems because you think, if all the teachers are aware of what we are trying to do—when I say "we," I am thinking in terms of counselor's point of view—

perhaps if all these teachers are aware of what is happening and realizing some of the students are going to be called out to be in peer counseling groups, whatever counseling groups they have, then they will understand why there is a need for this child to be out. And he can make up his lesson later.

Also, they will be aware of that child's feeling. They will be aware of the goals and just make the total school operate better if more of the faculty members are aware of what is going on.

But all of the faculty members plus the administrators, I think, should be involved definitely if it is going to work.

Mrs. WALTERS. You talk about educating the teachers along the lines of drug symptoms, et cetera. I think where teachers need more and more training is in how to listen and then deal with a child. And I don't mean deal with in the traditional sense, perhaps, but to really listen and be interested in that child and not have English be devoted just to English if that day it is apparent there is something they need to talk about—if it is the Iranian situation, if it is drugs, whatever. We have been too inclined to just make them go down one path.

Mr. BEARD. The question is how in the world is there enough time for that when you have a school system or school right now where because of the classes, the size of the classes, they will take a kid and brand him as a learning disability case and stick him off in another little room? And he becomes branded because he might be 6 months more immature than another kid and needs a little special attention. But all of a sudden, he has a learning disability.

Where in the world would we have time for the teachers to deal with that?

Mrs. WALTERS. I think we need to figure it out because I think that is part of the drug problem. I think all of this is related—learning disability, labels, inability to make good choices.

Mr. BEARD. You know, you kind of hit the nail on the head to a certain degree because my philosophy has been we create many programs up in Washington, D.C., and so much of the money that comes down to your school system, the school system in the State of Tennessee, is a block grant. It is already allocated, already directed. When money comes to the school system, you don't have to make decisions; the decision has already been made for you on what your needs are, which is what infuriates me.

Mrs. HOWARD. We probably have to fill out the forms, though.

Mr. BEARD. It would be nice, and people say you don't support education--I don't support continuation of education being dictated on needs of different school districts. And our needs are different from the city of New York—being dictated by some bureaucrats in Washington, D.C., who haven't been out in the field for years and don't know anything related to what you are saying, and your problems are related to students, than the man in the moon. Yet, they are setting policy.

It would be nice if in dealing with your needs you could make more of those decisions, your local school board could make it through input by teachers and principals.

I put that little commercial out because I get somewhat offended that people, when you don't vote for increased funds that are going to pay salaries up in Washington a lot of times being in education.

I think you hit the nail on the head as far as more input on the local level of the people who are having to deal with the problem.

Congressman Evans?

Mr. EVANS. I don't have any other questions.

Mr. BEARD. Why is it we have students—I am still a little bit baffled, and we have students that were student-body presidents that have been involved from different groups, different groups in the high schools, that really just were saying things, and the others would nod their head in agreement, whether it would be the president behind the kid who doesn't take drugs, the kid who has been involved, the kid that would argue why not, it is not as bad as alcohol. But they all pretty well acknowledge during the schoolday, lunch, it is pretty well known you can walk down here, and they will find a bunch of kids smoking pot.

Every one of them knew where to go to make a purchase of some pot. We have had estimates of 80, 50, 30 percent. Even the low percentages are still awfully high, much higher than what has been acknowledged by certain witnesses.

Why is this? Is there a communication gap between teachers and the administrators and the students? They have got their own little world. They just seem to be adamant there is a whole lot of it going on—a lot.

Mrs. HOWARD. That is part of what I was saying about the structure. There is really not time for this communication in the schoolday. It is not designed in a typical high school—I can't speak for elementary—for this kind of dialog or communication to go on between teachers and administrator in schools.

Mr. BEARD. So you are saying while that may not be the way you perceive it, there is a problem?

Mrs. HOWARD. I didn't say that.

Mr. BEARD. You didn't say that. The others said that. If there were more communications with students, you got an ability to get into their communication system a little bit later——

Mrs. HOWARD. You would have a different awareness.

Mr. BEARD. Rather than just English, you might be concurring with what they are saying, or do you think they are exaggerating?

Mr. YATES. I don't think they are exaggerating. I think they are expressing themselves as they really see it. But I don't think students are that equipped to recognize the degree of drug use. I really don't.

Mr. EVANS. Do you think teachers are that equipped?

Mr. YATES. Teachers may not be either.

Mr. EVANS. That is what I am saying. We are getting two different sets of figures, but either group is particularly under the system well equipped to give us the figures. And that is nobody's fault; it is just that you have not been particularly trained or information made available to you, or it is just that our system hasn't recognized it.

Mr. YATES. This is true. I would say in most cases, to a great degree perhaps counselors—there are some schools certainly who get more involved with the entire student body or representatives who might have a greater feel for this.

Student perspective is limited to the large group, to those with whom they associate, even student counsel presidents. And I have been a student council sponsor. And they are fine students. And their outlook is really more limited.

I know everyone says now the young people are smarter than we were in earlier generations. That is not true. Their intellectual ability isn't any greater; they have a lot of superficial knowledge, but there is no in-depth to the degree to what we have had in the past.

Mr. **Beard**. Congressman Evans.

Mr. **Evans**. What are the facts, Mr. Yates? In fact, the SAT scores seem to be going down. It may be just the students think they are smarter because they are high and feel good and think they are smarter than we are or that generation before us. But if the education system is so good, what is happening to our scores?

I think these are fair scores. They are judged the same way they were before.

Mr. **Yates**. Well, if SAT scored—I like the SAT. I don't know where Mr. Nadar is. But I don't think they are a reflection, accurate reflection, of what is happening. We have a lot of people who have taken the SAT who didn't take it in the past, and that is reflected in the statistics today.

Mr. **Evans**. What other types are we getting—better grades, worse grades, or the same grades?

Mr. **Yates**. SAE is similar. Of course, they correspond greatly. There are not many of the tests one could go by unless one got into the test for graduate school and that kind of thing, national teachers' examination or the ones to enter medical schools.

The grades the teachers award are certainly no grades. They are most unobjective and most subjective thing I can think of really. I don't know what to offer that would give us a clearer picture, but the fact that the SAT and SAE scores appear to be on the decline doesn't tell me anything.

I think our school systems are still good. I think they are doing a good job.

Mr. **Evans**. It certainly doesn't tell you they are getting a better education now either, does it?

Mr. **Yates**. No, sir, you couldn't prove it from that. I agree.

Ms. **Scott**. I have a question.

Mr. **Beard**. Yes.

Ms. **Scott**. I would like to ask Congressman Beard, you were saying at one moment why, why, why. So I was wondering, are you asking us why the students are smoking more or why more haven't been caught?

Mr. **Beard**. Oh, well, you know, we have tried the heavy penalties routine, law enforcement routine, and that hasn't been a very good success. We are admitting handling this here on the educational aspects which is our specific interest, I would say. So therefore, I agree with what you all are saying to a large degree of looking probably for whys so you know how to direct your development educational thrust, to deal with the reasons for why.

That is when I was asking for why, what are the major reasons you hear from students? Is it because I just don't feel like I am good at anything, so I do this to make me feel important?

I said I was asking what do the students tell you, why do they? What do you hear as a major reason?

We mentioned peer pressure, but then the people who are placed in the peer pressure, why did they start? Is there a major overriding factor? Because the parents don't give them any attention at home? Is that one of the major reasons? Is it just so available, just easier to do it, than not to do it? That is what I was referring to.

Mr. Yates. There is no parent at home to give them attention.

Mrs. Howard. I would like to disagree with that because I think in some cases that is true, but it is also drug abuse is not more predominant in one segment of the society than somebody else. It is all over.

Mr. Beard. As a matter of fact, it has been reported that some people say, well, certainly, the children in the nicer neighborhood would probably be less inclined, but the reports show that some of the heaviest drug usage is going on in Germantown in the Shelby School System.

I think Germantown, they are talking about the Germantown area, talking about the second heaviest usage is going on. So there are no certain aspects of a particular society using it. It is a broad spectrum.

Mr. Yates. I do think some of the factors in fact, the whys, why are they doing that, there is a lifestyle that prevailed. And one of them is—and I come back to sometimes there are not too many people at home. We are concerned about them because everyone is involved in such a hectic pace, and they do feel as if no one does care. And some of them tell me this. They don't say, "I am taking drugs because no one cares," or, "My mother works all the time, and she doesn't love me." But this is what comes across.

They feel people in the society are perhaps indifferent to them. This is the way they can relate. They find a friend this way. They come up to me now and say, "When will we go to war because of the Iranian situation?" This is the type of thing that goes on. This is the way they see things. They see things as going to pot so why shouldn't they smoke pot?

Mr. Beard. One of the high school boys explained because he said, "Go back to the draft." I said, "Times change; that is why."

"Why don't we got back to the draft?"

I said, "Because times change. There is a different world out there."

One thing I have been interested in, too, you see all these little services, public announcements on television at least talking about the United Way or talking about smoking or whatever. One of them mentioned like some of the rock stars who are nondrug users at all, that the kids look up to and maybe public service announcements where the guy comes out and says, "You don't need that stuff, come out."

You see, this is our concern. We are not doing anything. There is very little direction. You don't hear many politicians every say a word about it in their campaign speeches that drugs are a problem. Yet, statistics come in showing it is starting to become an epidemic in our junior high throughout the country.

And that is where we are. We have tried the law enforcement bit of burning the kid, give him a record, and that doesn't work. Nobody is following that now. We have emphasized at least trying education to where it may not work overall. But even if you can prevent additional 15 percent not to do it on a regular basis, then it would be worth it.

At least, it is more than what we have got now.

Mrs. HOWARD. I think also the message would be at least somebody cares enough to say don't do this to yourself, which in saying nothing, it is saying we don't care.

Mr. BEARD. And is it accurate for us to say overall—understand there are some small programs at least in Memphis and "Memphis," I must say probably if it were researched would probably be classified as one of the most active school systems in a very limited way because of budgetary limitations. But at least active in trying to do something. Memphis is a unique city because it is trying. And it is trying.

But is it not accurate to say that we haven't even scratched the surface, and really, there hasn't been—this program or this subject has not been made a priority issue? Is that an accurate description?

Mr. YATES. I think that is accurate, yes.

Mrs. HOWARD. I think it also is an accurate description, but I say it with hesitation because there is a fear, and we are being honest, that something has to be done, and it will be dumped on teachers to do maybe at their own expense—one more thing.

And you know, we all have our level that we can handle.

Mrs. WALTERS. We have our limitations. But it would help if we not only got help, whether it be financial or supportive, some sort of feeling that people supported us and believed in what we were doing. But I get frustrated when I think that all those people in Congress or what not care about is how to catch children, how to solve the problem on a sort of superficial level.

I want it to be solved in such a way that these children will grow up to be productive adults and that I will not as a teacher be expected to solve all of their problems by myself.

Mr. BEARD. I think what you are saying is what I tried to say. It is that a lot of the people who are making decisions need to get out in the real world and see it right there on the front lines and talk to the people.

There is no easy answer, but I think it is time we start looking for one. And that is what we are trying to do here is start building a case to take back to the administration and the Congress. Because we haven't talked to students, we haven't talked to many teachers, we haven't talked to many security officers or patrolmen who work in the schools, and I think it is time we start doing that.

I do want to thank you.

Congressman Evans, do you have anything more you would like to touch on?

Mr. EVANS. No. I just hope that you have seen by the wide scope of these hearings that that is not what we are interested in doing—catching students. Because that is absolutely ridiculous. If they are not causing any problem, I guess the easiest thing to do would be to ignore it. And I am afraid that is what our community and society has done to a great extent, ignore the problem, as long as it didn't cause too many problems.

It is only after somebody really gets lost that we try to help them. And I think that this committee did not believe that drug use was harmless to the schools. We certainly wouldn't be taking time to go here or anyplace else and try to do something about it.

And the teachers, for instance, certainly I believe the teachers have got plenty to do. And that is the reason I phrased my question the way I did to Mr. Yates. Really, once you do all the things that you have got to do, the students aren't causing a problem or you don't see many smoking or anything else, I don't think you have the time or the inclination or the really educational training to determine that there is something wrong with that student; that he is on drugs.

So I think that drug use is going undetected except for the most extreme cases. And I think it is going on in your school and other schools all over the country.

Mr. BEARD. We thank you all for taking time from your busy schedules to come before us. We just want to say that we are sensitive to what your problems are as to what you are saying in this issue. And I think you made some very good points. And we just are going to go and try a little harder.

Thank you very much. I know time is difficult when you have to put up with this, but thank you very much.

The next panel is dealing with the prevention and treatment area. This will be the final panel of this hearing.

Participating in this panel will be Rev. S. Billy Kyles, the president of PUSH in Memphis; Mr. Bill Tuberville, president of the Frayser-Millington Mental Health Center; Mr. Martin Kelman, project director of NCCJ-ESAA; and Dr. Charles Kenny, psychologist for Criterion Development Association.

So if you gentlemen will come forward and join us here, we will certainly appreciate it.

Is this it? We are missing one—Reverend Kyles, who indicated he would be here. He has not notified anyone?

[No response.]

If there is a phone where he could be reached, you might just double check. We will just proceed.

Let me say we thank you for coming. And I welcome you here to our committee.

I don't know if you have had an opportunity to sit with us during any of the hearings. They have been extremely interesting hearings. There were four panels of students, school administrators, schoolteachers, city mental health group. It has been very broad.

We have gotten a lot of different opinions, different attitudes, which makes it even more confusing at times. But it has made it somewhat very interesting.

I do thank you for taking the time to come and participate. We are on the Select Committee on Narcotics Abuse and Control in Washington that has been created by the Congress. We are trying to coordinate all the different programs that we have to show or try to find a better way to deal with the drug problem in this country which even though you don't hear much about it any more, you may ask people what their attitudes are and say that just doesn't seem to be much of a problem now.

Our statistics that we are gathering show that it is possibly becoming even more serious in certain areas. So we thought it would be appropriate to talk to you all regarding prevention as treatment aspect.

So rather than me going on, why don't you start off. And if you have a statement, if it is a lengthy statement, and you would like to submit it for the record so it will be included in the congressional hearing and then summarize your statement, please feel free to do that.

If you have an opening statement you would prefer to read, why don't we proceed with that. I know, Mr. Kelman, you do have a statement. Would you like to proceed and read it or summarize it, whatever you would like?

Let the record show that Mr. Martin Kelman is director of the Emergency School Aid Act project of the National Conference of Christians and Jews in Memphis.

Mr. Kelman.

TESTIMONY OF MARTIN S. KELMAN, DIRECTOR, EMERGENCY SCHOOL AID ACT PROJECT, NATIONAL CONFERENCE OF CHRISTIANS AND JEWS IN MEMPHIS, TENN.

Mr. KELMAN. Thank you, Congressman Beard. And I am glad to see that everybody is here for this important hearing.

My name is Martin Kelman. And I am the director of the Emergency School Aid Act—ESAA—project of the National Conference of Christians and Jews in Memphis. Due to a court-ordered desegregation plan in 1973, Memphis became eligible to receive ESAA money, and NCCJ has received money each year since 1973 to improve the environment at some Memphis city schools. Our focus is to foster better communication among students, faculty, parents, and administrators through various human relations activities.

One of our programs—peer counseling—is designed to train students to help other students with their problems. As we all know, kids listen to other kids more than they listen to us. Another program—buddy system—pairs students who have satisfactory attendance with students who do not. If a pair of students improves their attendance by a certain percentage, they receive prizes solicited from the business community.

Not only are the prizes an incentive, but the concern shown by another person becomes an even stronger motivation. We also work with students in brotherhood clubs. These clubs are composed of black and white students working together on school and/or community service projects. This positive environment is very conducive to fostering good communication.

The programs that I have briefly mentioned assist the student to feel good about himself. Someone shows concern about his well-being, and he is taught some responsible decisionmaking skills. These areas are fundamentally important to a child's development.

Our project is a prevention program, rather than a treatment program of alcohol and drug abuse. We feel that through developing a more positive self-concept and teaching the skills for problem-solving that a student will not seek out drugs or alcohol. The drugs and alcohol are available to students; to condemn them will not curb their use. We must eliminate the need for alcohol and drugs through a "human development" program geared toward various age groups in each school across the country.

I believe that the steps the Memphis City School Mental Health Center has taken toward this type of program have been very positive. Because of limited resources, they are confined to only 12 schools. My program works in 15 schools. There are over 160 schools in the city system and many more in the private and county schools.

A curriculum designed to teach life-coping skills should be developed and approved by the Tennessee Department of Education or some other group to be used in all of its schools. This curriculum should be intended to promote "human development."

I also serve on the regional alcohol and drug abuse prevention task force. In December 1979, we sponsored an alcohol and drug abuse prevention week in Memphis to heighten the community's awareness of the need for more prevention activities. We are a group of volunteers who need a salaried coordinator, as well as some operating expense to more effectively provide the information and resources for the community. Thus, I am recommending that a certain amount of money be allocated to each State to coordinate and sponsor its prevention activities. We need a salaried prevention coordinator in this region also.

Most of the Memphis community's emphasis concerning alcohol and drug abuse is on treatment. To effectively combat the problem, we must implement more prevention activities to which the young people can relate. The alcohol and drug abuse problem is not an insurmountable one. In our ESAA project, we host many student workshops. Invariably, the major concern of the student is the lack of student involvement. There is a lot of energy to be harnessed from these students. We can help them help each other through creative programing.

Thank you.

Mr. BEARD. Thank you, Mr. Kelman.

We will ask the other witnesses: Mr. Kenny, do you have anything that you would like to summarize or read?

Dr. KENNY. Yes, Congressman, I do.

Mr. BEARD. Let the record show that Dr. Charles Kenny is a psychologist with the Criterion Development Association.

TESTIMONY OF CHARLES KENNY, PSYCHOLOGIST, CRITERION DEVELOPMENT INSTITUTE, MEMPHIS, TENN.

Dr. KENNY. Thank you. It is a pleasure to be here.

Criterion Development Institute has been intensively involved in counseling young people with educational, social, and psychological problems. Most of our youth referrals come from the Memphis-Metro Youth Division project. This youth diversion project is an LEAA-funded program administered by Community Day Care and Comprehensive Social Services Association at 2600 Poplar Avenue. That is, the Law Enforcement Assistance Administration is the Federal agency that funds the youth diversion project that I referred to. It is part of a national demonstration project.

As I understand it, originally, some 12 or 13 cities participated in the program, to try to evaluate the effect of diverting kids away from the normal court process of juvenile court, finding community-based social and psychological services for them to help solve the problem so that they don't wind up in jail. So basically, this is a research project.

We also receive other youth referrals from families, schools, social agencies, medical doctors, and self-referrals.

We have worked with more than 400 young people through the Metro Youth Diversion project and carry a caseload of 60 youths a month from this project alone. Youth offenses include such crimes as grand larceny, burglary, disorderly conduct, malicious mischief, assault, sex-related crimes, and status offenses. At least 85 percent of these referrals are involved with one degree or another in illicit drug use.

Young people have a low threshold for boredom and short attention spans. Traditional practices related to methodology have to be shelved in favor of an approach that combines counseling with exciting, constructive activities that not only change attitudes and behaviors, but serve as guides to creative use of leisure time.

In short, we can't help these kids if we sit back for them to come to our office or wait for their parents to bring them to our office.We have to get out in the community.

Where young people are involved in exciting, constructive activities and meaningful employment, life is rich and meaningful. When life is rich and meaningful, extensive drug use is viewed as a waste of time. It does take unusually gifted counselors who "have a way with kids" to use this approach.

I would like to introduce to the group two counselors who work with us with these kids—Joe Bean and Larry Holmes.

We emphasize individual responsibility, career planning, and "positive activities" such as running, sports activities, et cetera, which lead to increased mental strength and self-control. We get young people to slow down and think seriously about how poor their choices have been and how these choices have prevented them from finding love and self-worth.

As we work in the community, we become aware that all the statements about "hidden delinquency" have merit. While 9 out of every 10 young people commit some act which could be brought to the attention of juvenile court, only a small percentage are caught and stigmatized with court labels. Treatment programs such as ours which have been very effective in rehabilitation counseling could be extremely effective in preventive counseling and reducing the "hidden delinquency" phenomenon. A teenager who acts out and is not caught may become a menace to society as an adult.

The young people we work with through the Metro Memphis Youth Diversion project are not stigmatized by probation, by becoming wards of the juvenile court, or by being labeled as "juvenile delinquents." Our community treatment program is also much more effective than probation which uses unskilled, untrained volunteers as probation officers in the community.

In short, we have found that kids who are in trouble can be helped by a program which recognizes:

1. The importance of getting out in the community and working with the kids there in the community;
2. Yet maintaining a psychological approach; and
3. The importance of having dedicated counselors who are suited for working with kids.

We have some recommendations. The first one is really, I guess, an appeal rather than a recommendation. The project that I have referred to has been very effective in Memphis during the past several years. It is a research project; it is a demonstration project. Not all the statistics are in yet, but it is clear that it has worked—parts of it have worked.

After November 1980, Federal funds will be gone. And then, the program is in danger of disappearing.

Mr. **Beard.** For the record, what is the formal title or designation of that project?

Dr. **Kenny.** It is known here by the title, "The Metro Memphis Youth Diversion Program." The LEAA funds are administered by the Community Day Care-Comprehensive Social Services Association at 2600 Poplar. Michael Whitaker is the executive director of the program. CDCCSSA, as it is known, the sponsoring agency, receives referrals from the juvenile court, does the intake, and determines what community services are needed to help these kids stay out of trouble in the future.

They, in turn, then refer the kids to one of 16 or 17 agencies in the city who work with them on a contract or voluntary basis.

Mr. **Beard.** I am sorry to interrupt you. You say this money will run out in November 1980, and was appropriated specifically for this program by Congress as part of the LEAA budget?

Dr. **Kenny.** That's correct, Congressman. It is a research project.

Mr. **Beard.** How long has it just been a 1-year shot? How many years, did you say?

Dr. **Kenny.** I believe this is the fourth year. Originally, it was a 3-year program and then was extended to 4 years.

Mr. **Beard.** And has it experienced a budget increase each year or been maintained at the same level?

Dr. **Kenny.** I am not aware of the total budget. We started initially with working with about 20 kids, and we are now up to 60. So the services that we deliver under that program have increased. I couldn't tell you about the total budget.

Mr. **Beard.** Do you think there was any language, or are you aware of any language, this possibly was authorized and appropriated by Congress for the study, but possibly finding out that the program works, then it would encourage the local government to then take that program over, sponsor it itself, versus the Federal Government?

Dr. **Kenny.** Congressman, I am sure that is part of the philosophy. I don't know whether that was written into the appropriation bill or not. I have no idea.

Mr. **Beard.** Have there been any discussions with you or people in your organization, other agencies you work with that feel this is a successful program with city or county government councilmen?

Dr. **Kenny.** There is considerable effort now. I am not aware of the details, but I know there has been considerable effort to convince the State legislature that many of the funds that are now being used to maintain training schools really wind up as being nothing but warehouses for kids who have been in trouble. They turn that money back over to the local communities.

I know this is what Judge Turner would like to do. Whether or not this will ever be successful, I don't know. It is really a political problem; moreover, I think everyone is agreed in Memphis, that this type of approach would be superior to sending kids who have gotten in trouble away to training school. Training schools are just like jails; they don't rehabilitate kids, at least the ones in Tennessee don't.

The first recommendation is we feel that a realistic drug education program for youth in the schools is badly needed. This program should recognize that drug taking does not go on in a vacuum—decisions to experiment with drugs, like experiments with sex, drag racing, delinquency, et cetera, are made in the context of the youth's life.

Second, a realistic adult drug education program based on scientific evidence should be provided to all adults through PTA conferences or other vehicles. There is a lot of talk now about adult education in the drug area. It is badly needed. I have a very close friend in another city who just found out about his son's involvement, not only with drugs as a user, but also as a pusher. And he has kept his head in the sand for years. He knew there was a problem, but he turned away from it and didn't want to deal with it.

We find this is a typical approach parents take because they don't have the facts, they don't know how to detect drug problems, they don't know what to look for. And they have a feeling inside, a gut feeling, something is wrong with their kid, but rather than really face up to it and dig to the bottom of it and deal with it, they turn away. And then, the kid winds up in a lot of trouble rather than in a little bit of trouble.

Third, much drug experimentation is stimulated by peer pressure. During adolescence, youth try to become more independent from their parents and find meaningful purposes and roles. However, many are stultified by not being fully accepted into the work community where meaningful purposes and roles are sought.

Therefore, adolescents are left to rely on their peer groups for values, attitudes, behaviors goals, and activities which make them feel independent and give them a sense of identity. Adolescence is actually a subculture adopted by youth whose needs for security and belongingness, and self-esteem are depicted by strict conformity to fads involving hair, clothing, hip language, music, et cetera.

Adolescence is an invention of modern Western civilization, and I think we probably have paid too much attention to the differences between adults and adolescents and kept them waiting far too long before we allow them to become adults.

We feel that a kindergartner through 12th grade career education approach is needed to help young people find personal meaning through work and to give them an alternative to the negative parts of the youth culture. Work is seldom, if ever, only a means by which an individual sustains life. It is the one way in which the individual relates to society.

Work provides the person with status, recognition, affiliation, and similar psychological and sociological products essential for participation in a complex society. Sooner or later, each citizen must work for survival, maintenance, or mobility. Simply put, we prevent our kids too long from becoming actively involved in the world of work, and that creates a lot of problems.

Preparation for the world of work must become an integral component of the central structure of curriculum if schools are to recapture the promise of the total learning process. Career education should not be taught as a separate entity, but it should be "infused" into the content of each academic and vocational subject that is taught to young people.

What we are saying is don't set up vocational education, career education, as another department, another unit. Make it part of the educational process from kindergarten through 12th grade in as many different subject areas as possible.

4. Work experience programs are essential: many young people graduate from high school without having acquired a marketable skill essential for easy transfer to the world of work. Work experience is totally realistic, without any of the artificialities students see in the school setting.

There is a direct relationship between school and work, with the study course serving as the connecting link. The participant gains an additional advantage later, since he can claim actual experience when he seeks full-time employment. Several high-level Government industrial leaders have suggested revision of the child labor laws so that students can more actively share in work experiences.

5. Those young people who withdraw from formal schooling because of personal preference, family finances, or other factors need graduate equivalency diploma training and vocational training which will help them develop marketable skills. Many 17 year olds who are able to pass the G.E.D. and find meaningful work activity as a result are not allowed to take the G.E.D. until they have been on the streets for 6 months after they drop out of school.

Such policies are open invitations to crime and drug abuse. Sixteen-year-old dropouts cannot take the G.E.D. at all. If gifted students can enroll in higher education at the age of 14 or 15, students who wish to work at an early age should be allowed to take the G.E.D. and secure more meaningful, better paying employment. Finding employment of any kind is often a problem; often there is none available.

6. Students should be allowed to take meaningful vocational courses before their 10th grade year.

7. Some youth can become productive without ever passing the G.E.D. training program and obtaining a graduate equivalency diploma. Some programs, particularly the CETA program, get bogged down, we feel, by perhaps overemphasizing the graduate equivalency diploma. And as a result, many people who could become marketable in the labor market do not become marketable because they do not have access to the CETA training program simply because they can't pass the G.E.D.

8. Too many kids who fail in elementary school get discouraged in the 8th grade and quit because they are old enough to be in job training, but they are in the wrong grade; they are not high enough grade levelwise in the educational process.

That is the end of the remarks, Congressman. We appreciate the opportunity to come this afternoon.

Mr. **Beard**. Very good. Thank you for coming before us; very interesting.

Mr. Tuberville? Let the record show that Mr. Bill Tuberville is the Frayser-Millington Mental Health Center director. Would that be the proper title?

Mr. Tuberville. Yes; Congressman.

Mr. Beard. Thank you very much for coming today and joining us.

TESTIMONY OF BILL TUBERVILLE, DIRECTOR, FRAYSER-MILLINGTON MENTAL HEALTH CENTER, MEMPHIS, TENN.

Mr. Tuberville. The Frayser-Millington Mental Health Center is one of five community mental health centers in this county funded under Public Law 1973, Community Mental Health Centers Act. And that legislation demands centers to provide a comprehensive range of services to adults and children. And we are one of the five agencies in this county that provide treatment and prevention services.

Mr. Beard. Is that totally federally funded?

Mr. Tuberville. No; all of those centers are funded by the HEW as well as the State government and the city and county.

Mr. Beard. OK.

Mr. Tuberville. We also receive services under titles 19 and 20 and title 18.

The treatment aspect of our program is one, I think, that reflects something Dr. Kenny mentioned. It is a mistake to wait until these kids come into mental health centers for treatment or until they are in juvenile court with the problem.

Our caseload of patients is about 50 percent of minors under 18, but only about 5 percent of those are coming into our center or are there primarily because of using of drugs and alcohol. And I am quite sure that our part of the county is not significantly different from the rest of Shelby County in terms of utilization or abuse of these substances.

So obviously, not all the care that is needed or the efforts for prevention can be provided just through treatment. It has also been determined that treatment is not always that successful in reducing the abuse of drugs.

One of the things that we have done in the last 2 years is to try to provide a service for the schools, elementary schools, in our area. It is much like a program that Mr. Kelman just described. It is based on the notion that, first of all, the sooner you begin to intervene, the more successful you are going to be.

Second, that while there might be a wide range of causes for drug abuse, the one that seems to fall within our scope has to do with how well the kids are adjusted in the sense of self-concept, their ability to rank with their peers, to be successful academically, peers culturally.

Our program has provided professionals to meet with a group of kids, about 10, to engage in tasks, educational tasks, experience with things to accomplish, the approving of some consent, and understand their own feelings.

Mr. Beard. Are these young people that were referred to you that have been selected as kid problems or just——

Mr. **Tuberville.** Kids with problems, yes; not necessarily kids with drug problems, especially at the elementary school level. While it is true elementary school-aged children are abusing drugs, we are trying to identify problem kids, not necessarily kids who have been tagged as drug abusers.

Mr. **Beard.** Excuse me. You might have said this. They were referred to you by who?

Mr. **Tuberville.** Teachers.

Mr. **Beard.** Teachers?

Mr. **Tuberville.** Yes.

Mr. **Beard.** And what happens when that student is referred? The teachers are going to send him to you to talk to these people. Can that student say, "I am not going"?

Mr. **Tuberville.** Before we can talk to a child, we have to know his activity. We have to use the teacher's identification as a problem. And we are going to contact the parent and ask for permission.

Mr. **Beard.** The parents are involved in the program with you and the student?

Mr. **Tuberville.** Yes, they are. This particular program is rather limited in scope, but we do have contact with the parents of all the kids that are involved. What we are intending to do, and it is the other thing I want to talk with you about, is with the help of Mr. Kelman, we have submitted a grant to NIAAA to fund activities like this on a much broader scale.

We serve 10 schools that are in the county educational system. As you may have become aware through these discussions, we provide services alone. The county system does not have anything similar to the effort that the city schools fund. And our program is directed to these county schools, as well as a number of private schools that are located within our service area.

Our intention is to provide services to 5th through 10th graders with activities appropriate to the range of ages in these grades. We also want to involve parents in both education as well as training for education about drugs as well as training in parenting skills.

At the grade-school level, the program is much like what I described we have been doing in the past. At this high school level, there is a variety of programs, including films, lectures, educational material, that we would employ as well as provide teachers with training to incorporate information about substance abuse into their ordinary curriculum, whether they are teaching English, mathematics——

Mr. **Beard.** Where will you receive these films? Where do you draw on these films? Where do you get them?

Mr. **Tuberville.** One source is by NIMH, Institute of Mental Health, that is funded in preparation of a variety of films and contracting with private film produces for such purpose.

Mr. **Beard.** Have you seen the film "Reading, Writing and Reefer," a documentary?

Mr. **Tuberville.** No, I haven't seen that.

Mr. **Beard.** It is put out by NBC. Have any of you seen it?

[No response.]

I think that film is available also now. It has been offered either by NBC or, I'm not sure, by the Government, but it is a fantastic shot.

We had a lot of effect on a lot of young people that can relate to it. I just throw that in.

Mr. TUBERVILLE. I will keep that in mind. At any rate, I would like to make two recommendations.

One is related to funding. And I am not at all here to make a pitch for funding. There is a problem that you mentioned somewhat in talking with Dr. Kenny. The program, as he mentioned, Metro Youth Diversion, was a research and demonstration project funded for 4 years. It is unlikely the local government would have any support for that program.

I have a similar program funded through LEAA that maintains an alternative educational setting for youngsters. It is also a research and demonstration to compare the cost and effectiveness of a day school with institutionalization. And that program is funded for 3 years. It is successful. I doubt that we will find the funds to continue that program after the third year.

Prevention activities need to be funded. The Congress is considering legislation now to increase the funds available for prevention activities. And I would like to endorse those sort of programs.

The second recommendation is that we were in the services in 1968, trying to capture dollars to provide these services, and are now faced with a maze of sources of funds to apply for through HEW. As I mentioned, we were funded under the public law. We also receive funds, we are applying for funds to the NIAAA—we receive funds from NIDA. We receive funds from LEAA. And I just can't help, but believe that if there was a little more unification on the funding sources, it would be more dollars available for services.

Mr. BEARD. You just mentioned one of the problems. And that is one of the major functions of this Select Committee on Drugs and Narcotics to try to bring together these different sources, if we ever find out all the different little areas and what departments they are that are dealing with this problem. You would be shocked.

Mr. TUBERVILLE. No, I wouldn't be shocked; I am looking at those sources, too.

Mr. BEARD. You know, there are three different committees in Congress that have authorization or appropriation input or hold the purse strings. And it is just as easy to have one. Something has to be done.

Mr. TUBERVILLE. We have applied to NIAAA for this particular program. It would be a 3-year project as well. It would be within the scope of the National Institute on Drug Abuse as well to fund. And I am not sure what all other agencies for revision. HEW—I suppose it is HEW.

Mr. BEARD. I don't know what it is. A lot of people call it a lot of things.

Mr. TUBERVILLE. Thank you.

Mr. BEARD. Congressman Evans?

Mr. EVANS. You know, I think just about everything has been covered.

Mr. BEARD. Let me just say if something comes to your mind, you mentioned the CETA program, if I am not mistaken, what you kind of said, part of the problem is the people who get the CETA program was created for really aren't the ones that are getting the jobs. At or drug use is what they hear through the grapevine, or somebody around, to saying heroin was awfully bad. So it definitely had an effect. And as a result, many kids do not even think about using heroin.

Now, it is starting to get around about PCP, maybe there are some problems, and there is no usage there.

We have been emphasizing or looking into do you feel that your professional opinions are that we have had the public service advertisements on smoking, and I think it had dramatic impact on the young kids and different families that saw these every time they turned the television on. And they would harass their family about the smoking and alcohol or whatever. And we have nothing like that in drugs.

We have got public service announcements now on sex. I saw some the other day. Alcohol. But nothing on drugs. And I just wonder is that a legitimate consideration to start looking at things like that also? Because I think drugs is raising its ugly head as a very, very serious problem, one that really hasn't been dealt with in many cases except in piecemeal operation where you people have to live from day to day, not knowing if the program is coming to an end tomorrow or the next day, and, you know, just living a very uncertain type atmosphere.

Is that a reasonable approach? It is one thing knowing it is not a cure-all, but just to start doing something to make people aware there is a problem. You ask families right now, and I have asked them, and I will get around to ask you a question—this is typical of congressional style—people are shocked when you tell them there is a drug problem, a lot of kids use drugs. They can't believe it.

Mr. TUBERVILLE. Well, public awareness is certainly one way of approaching the problem. I think there has not been until relatively recently in the history of concern over the last few years a reasonable or acceptable manner of public education offered.

I know for a long time, kids justified using drugs and discounting the evidence presented that they were harmful because not all of it was true. And I think most psychologists would agree adolescents are probably less able to deal with the ambiguities of life than perhaps any other age. And they were confronted with a lot of hypocracy about drug use. I am talking about all drugs, of course, including alcohol, prescription drugs and so forth.

The reason I have recently seen this as directing toward the use of prescription drugs. And I think that is a step in the right direction. But until the public information campaign accurately reflects what is the scope of the problem, I am afraid that it might be just basically prejudicial.

Mr. BEARD. OK.

Dr. KENNY. One of the problems with a lot of the public service spots I have seen is in these areas you mentioned. They are very poorly put together and could not possibly change anybody's mind about anything in terms of the way the information is presented. There are techniques in the advertising industry that are available with competent input from marketing research to get at what makes people take it and to help them change their behavior.

But I don't see any evidence that those techniques are being used in most of the HEW-sponsored public service announcements.

Mr. **Beard**. One of the kids said they think it would make an impact if you had—what is his name—Peter Frampton. We wondered who he was. And they told us that, but said a lot of kids look at these guys as their idols and say, "Hey, he is a guy I can identify with and no problem."

Some of these kids were saying—one was saying—he doesn't take drugs and nobody knows it, nobody knows he is totally opposed to drugs. And it would make a difference if—people would be shocked to find out, but it would probably make an impact. They would probably stand up in the chairs and say, "You mean our No. 1 cool guy doesn't take drugs?"

They feel like getting that word out would make a difference. And I don't know whether he can do a little public service. I don't know, however they do it, whatever they say, but saying something to them.

This was a kid that was saying to us what they thought they could relate to. Does that make sense?

Mr. **Tuberville**. I think it makes limited sense in the fact that even though it is a typical technique of any sort of advertising campaign to offer attractive models, for any number of, say, popular musicians you could offer that don't use drugs, I think there are several others who were known to use drugs. And I think that would have a limited impact.

Another problem with the kinds of public service announcements on TV is you have got to assume the drug user sits up late at night to see them.

Mr. **Beard**. Marty?

Mr. **Kelman**. I wouldn't discount the public service announcements. I think they can help. Like Dr. Kenny said, too, I think you have got to market them in the right direction, too.

One of the things we did during our prevention week was to emphasize what was prevention. We tried to get the community a little bit more aware of what the whole definition was and what it could mean in terms of curbing some of the drug abuse that is going on.

I think you have to recognize that it is not the drug so much that is the problem, it is something that is within the kid or within the adult. It is the problem you have got to do something about, the self-concept, about the way the kid is feeling about himself, his self-esteem, and about the way other kids are relating to each other.

I think if you can make a market for some of your PSA's in that direction—to help each other out—that is what our program is centered around. Our work does not primarily deal with trying to curb alcohol or drug abuse, but I know once a kid starts feeling better about himself, we see him more involved with other things in school sometimes making better grades, of course attending school more often. I think when that takes place, we produce a better student. And as a result, they are more well rounded and more productive in our society.

Mr. **Beard**. Let me ask you one more thing. Your prevention week, did you receive total support and a great deal of publicity? Do you get a great deal of support from the media here?

Mr. **Kelman**. We had pretty good support. We are again just a group of volunteers and this was the first prevention week. We did pretty good. There are a lot of PSA's that did appear during that week by the local TV stations and radio stations. And we are really looking forward to next year for having a bigger week. We had pretty good support from the media the support could be better.

Mr. **Beard.** How did the meetings go? Were meetings with parents groups and in the community and your parent involvement section? Are the parents one of the problems? I have seen a problem getting parents involved, getting parents to take the time to, you know—a lot of times, we wouldn't get parents involved until it is too late, and then, you know, it hits them right in the face because it is so obvious. It is all over with.

Are you able to get the parents involved? Are you disappointed there? Are they not taking time to get out and care?

Mr. **Kelman.** I am extremely disappointed. We have been working with this particular component for about a year and a half right now. And we have not had the success that we had hoped to. We have done just about everything. We have gone within the neighborhood, hosting the parent meetings at a parent's home. We would have people calling up through a telephone network. We have advertised it throughout the school and advertised it over the radio. We have done just about everything that my staff could think of, and we have not really been able to attract the parents that really need to be coming.

We sometimes get the parents who have been involved before within the school, and they will do everything they can to draw more parents. But still, we are having a lot of difficulty in getting the parents, the ones we are trying to get.

Mr. **Beard.** Any parent that has got a child should possibly go. And I think they might tend to go a lot quicker if they could have sat here and listened to a couple of these kids say, "Oh, you can go to school any time during the lunch break over here and a whole bunch are smoking pot, and 6th and 7th graders are starting to get it now and Quaaludes are big."

And one students says 85 percent of the kids he knows are smoking pot frequently, on a regular basis.

The reason why nobody is looking for a solution—and tell me if this is inaccurate—is that we have yet to acknowledge that there is a problem. That is the frustrating thing. Maybe that is the reason why the parents aren't taking the time to show up is they have no reason to think there is really a problem out there.

Mr. **Kelman.** I think that is true to some extent. A lot of the parents we are truly dealing with, though, are parents who have not recognized the problem, but also haven't recognized a lot of things. They are uneducated and just aren't pushing their child at all toward the educational process and to do well in school, to look at future goals, and so forth.

But you are right, a lot of parents that are educated know what is going on, are hiding it from themselves.

I think Mr. Tuberville stated earlier that a lot of times, they are saying now, "My child cannot be doing drugs; he is doing all right." A lot of times, they are just not talking to their child to find out. They are not noticing some of the symptoms, for example lack of communication. There is no communication within the household.

pected to deal with intricate drug problems. But there is a need for better education and for our teachers in this drug problem.

We feel that it has been indicated—and I think one of the things that impressed all of us—that the assignment of police in schools, sheriff patrolmen in Shelby County Schools, has been a very successful program and should be supported. The students were very supportive of it. The police officers we talked to were very high-class individuals that I think we were all impressed with and believe in the program.

I think the Shelby County Sheriff's office and the metro police department believe in working with the school, were pleased to work with the school system. We need more, though, because it was a definite trend. In schools where they don't have these officers, the problems are worse.

I just touched on some things, but, of course, there is a lot of material after 2 days of hearings. I think the highlight, some of the highlights for us, was talking to the students themselves. I don't know if we had many hearings like this; I don't think we have, knowing Washington. Maybe it would be a lot more interesting to start talking to more students, people who are personally involved in the situation, rather than continuing talking to professional people who haven't been out in the mainstream for quite a while.

We are going to examine the whole record in detail, and we are going, as a committee, to present it to the full committee and then, hopefully, we will follow up where we can to support the programs which have been successful.

I want to also take this opportunity to once again emphasize the committee's staff who has been down here for several weeks in absolute amazement, as the first emotion they had, then the total appreciation at the willingness by our school officials, by enforcement, our police officials, by judicial process, Judge Turner, whoever, anyone and everyone gave them support that they say they have never seen in any investigative capacity in any other city—teachers, principals, superintendants, the whole ballgame, open book, totally willing to participate and help, and so on.

I do want to commend everyone, and the leadership here for that.

Also, I want to say how much I appreciate Congressman Billy Evans of Georgia who is undoubtedly one of the most enthusiastic and active members of our committee in trying to come up with the solution. Unfortunately, he is just like I am—we don't know what all the answers are, but we are just starting to find out how serious the problems are. I want to thank him personally for coming down here and taking from his busy time to participate in these Memphis hearings.

Congressman Evans, do you have anything?

Mr. EVANS. Thank you, Mr. Chairman. I would also like to thank you for your part in arranging these hearings. It is my first trip to Memphis, and I have certainly enjoyed being here.

I have to echo the cooperation of the people in the area in helping us to get as much information as possible, in trying to look at the problems involving drugs among our young people.

I would also like to especially pay tribute to our committee staff, Jack Peploe and Jennifer Salisbury, in setting up, in my opinion, what has been some of the most informative hearings that I have ever been to. And I have been to a number of them. And I just think that the work they have done has been outstanding.

So thank you again, Mr. Chairman.

Mr. BEARD. Very good. I would certainly like to commend the committee staff. They did an outstanding job, and appreciation of our staff who helped them. And thank you once again.

If there is no further business, this committee is adjourned.

[Whereupon, at 4:05 p.m., the hearing was adjourned.]

[The prepared statement of Judge Kenneth A. Turner follows:]

PREPARED STATEMENT OF JUDGE KENNETH A. TURNER, JUVENILE COURT OF MEMPHIS AND SHELBY COUNTY, MEMPHIS, TENN.

As judge of the Juvenile Court of Memphis and Shelby County for the past 16 years, I have observed the emergence, the increase, and the decline of reported drug law violations by juveniles in Shelby County. Prior to 1966, drug law violations by juveniles were unheard of in this county. For that matter, there was little or no violation of drug laws by adults either apparent to law enforcement agencies prior to that time. In 1966, our juvenile court received one complaint of a drug law violation by a juvenile. In 1967, we had another complaint. In 1968, eight such cases were brought to court. In 1969, 42 cases. In 1970, 119 cases, and the number of juvenile drug law violators arrested rose steadily, reaching a peak in 1974. In that year, 893 Shelby County juveniles were charged with violation of drug laws. Most of the cases were for illegal possession of marihuana. The number of such arrests in this country has continued to decrease since 1974, and we are now averaging about 30 such complaints monthly, or a total of about 350 yearly. Thankfully, we have never received any significant number of complaints concerning the use of heavy narcotics by juveniles.

One would think from these statistics, of course, that there has been a tremendous decline in illegal use of drugs, especially marihuana, by juveniles in Shelby County. But I have long suspected that there has not been an actual decrease in the use of marihuana by juveniles in this county, but that a tolerant attitude toward marihuana has developed on the part of law enforcement officials and the community in general. I receive many complaints that citizens reporting marihuana violations are told by law enforcement officials that unless a substantial quantity was involved that the law enforcement agency would not have time to deal with the problem. My suspicions were somewhat confirmed by a series of newspaper stories by a reporter, Kay Pittman Black, published in the Memphis Press-Schimitar during 1979. Ms. Black reported that she had visited public schools and observed many youngsters openly, apparently without fear of arrest, smoking marihuana. As I recall, school officials reported that the most severe penalty imposed by them for marihuana violation was a suspension from school. Most of the kids smoking marihuana didn't want to go to school anyway so that was like "throwing the rabbit in the briar patch."

I have always been of the opinion that we should not enforce our laws selectively, and whether a person is in possession of one marihuana cigarette or a pound of marihuana they should be charged. Unfortunately, many people now think, largely as a result of what I consider to be irresponsible statements by self-anointed experts on the subject, that marihuana should be legalized. Be that as it may, unless and until it is legalized, violators should be prosecuted.

In Shelby County, for some 15 years now, we have made available a juvenile summons, which is utilized by law enforcement officers to summons juvenile law violators in cases in which the officers are of the opinion that a juvenile violator would not be a menace to society if not physically arrested or would not himself be harmed if not taken into custody. Most juveniles charged with possession of marihuana are physically arrested. I have recommended that the juvenile summons could and should be used in charging many juveniles in possession of marihana who are not now being prosecuted.

Our juvenile court has followed a policy of participating in community leadership whenever possible in all efforts to prevent juvenile crime and delinquency, recognizing that it is often necessary to arouse public concern or attract public attention to a special problem. The problem of drug abuse, especially by children, has long been cause for deep concern in our community and throughout the nation. We have long observed that a majority of children charged with violation of drug laws are from affluent families, whereas the vast majority of children charged with crimes against property and crimes against persons are from less well-to-do homes.

We think the juvenile court is truly a microcosm of the community at large. The social problems of the community pass before the court daily. Our court maintains detailed social and other detailed statistical data which are available to social researchers and others properly concerned.

I sincerely hope that the information furnished will be helpful to the select committee.

○

least, this has been one of my big things. I am one of those guys that is against hardcore poor, unemployed people—at least, that is the way I am classified at times. But I really am a little irritated at what I have seen happening to the jobs provided by CETA that are being filled by people who graduated from college and in many cases living with their families in nice homes that just happened to get that job because they might know somebody.

That is kind of a tacky thing to say, but the really hardcore unemployed kid you are talking about that needs that stability more than any one thing is not the one getting this. Is that accurate?

Dr. **Kenny**. Well, that does happen sometimes. I have a couple of footnotes on that, Congressman.

You went back to the CETA program. Many local communities—Memphis is not exempt from this—have used CETA funds to supplement their operating personnel budgets which I think is wrong.

Mr. **Beard**. The State does it, too.

Dr. **Kenny**. The States do it, yes. One of the problems here is that CETA was set up as a training program. There have been manpower programs going back to 1933; to the New Deal. And this is sort of the same thing warmed over again, served up again. It was supposed to be training, and it all too often isn't.

The new—and I am not sure whether it was title IIC or what it is—there is a new section, a new CETA act, or appropriation, which requires a certain percentage of the funds to be spent training people to work in the private sector, private industry.

Almost all of CETA funds have heretofore gone to train people, to train and employ people, in county and municipal governments, State governments, and nonprofit organizations and the like; 90 percent of the training should be done in the private sector. That is where the jobs are; that is where these people need to work when they finish their eligibility.

And the requirement that a small percentage of total CETA funds be used to train people in the private sector is now being implemented. And it is a step in the right direction. But it is only 5 percent of where we need to go. I can't emphasize that strongly enough. That is really one of my hobbyhorses that all these training funds go down the drain to supplement the operating budgets of governments and non-profit agencies. And in general, people don't get trained as much as they would if they were in an industrial setting where training would have to take place and for jobs that are available in the marketplace.

If you employ 400 people in the sanitation area, collecting garbage under the CETA program, it is really difficult to understand how those people are going to have marketable skills when their eligibility runs out.

Mr. **Beard**. You would probably be branded the same way I am for talking like that.

Dr. **Kenny**. That is probably true, Congressman; that is probably true.

Mr. **Beard**. Because you are talking now, you really make a very good point, and I do appreciate hearing it.

I would like to ask all of you—we have had students here that have felt that it would be important—right now, all they hear about drugs

The grades are faltering just a little bit, but they are saying they are going to do all right, don't worry about it. A lot of parents just don't recognize that.

Mr. Beard. Congressman Evans, do you have anything you can think of?

Mr. Evans. I don't think so.

Mr. Beard. I want to reemphasize this for the record, but all three of you agree one of the great frustrations of your lives in trying to keep these programs going or trying to get things going is trying to find where all the different programs and dollars, available dollars, are, and that life could be much simpler if we had things under one roof?

Mr. Tuberville. Absolutely.

Dr. Kenny. I don't think there is any disagreement with that.

Mr. Beard. Let the record show they all said "Yes."

Dr. Kenny. No question about that.

Mr. Beard. All right, I think that is very important.

Well, thank you very much for your time and your input. And if there is any other thing that you would like to add for the record, if you happen to think about it later, the record is going to be kept open. You can submit it to my office next week. And we will be more than happy to submit it for the record.

Thank you very much. We appreciate it.

Mr. Tuberville. Thank you.

Dr. Kenny. Thank you, sir.

Mr. Tuberville. Thank you for hearing our problems.

Mr. Beard. Let me thank the people here who have been involved with these hearings. I want to thank the representative from the White House. I want to thank the representative from the Drug Enforcement Administration and the Narcotics and Drug Abuse Select Committee staff and Congressman Evans who has taken the time to come down and participate in these hearings. I fell they were very successful hearings.

I do want to point out that in our general observations, we find that the drug problem in Memphis is no different than any other major city. But Memphis is taking active steps to try to stop it—to try, in their own limited way, to stop this problem.

The federally funded programs in Memphis schools have been successful in certain areas, but have been far too limited by total lack of Federal support. Drug education is pointed out by the students, and we had mixed reports on this. But I think everyone ended up agreeing in some form or shape, we need better drug education in our schools. And as one student said, it needs to start early.

The Government, as has been pointed out, when they come with the straight facts and start pointing out the harmfulness of marihuana and other drugs and give it as much attention as to the harmful aspects of drugs as they have the smoking of cigarettes or alcohol, that will help.

We feel that—I think the record will show—as indicated by teachers, teachers need training to detect and try to help deal with drug problems, but also understanding that teachers now have almost reached their point of being extended so far that they cannot be ex-